

Table of Contents

1.0	Description of the Service.....	1
2.0	Eligible Recipients.....	1
2.1	General Provisions	1
2.2	Special Provisions.....	1
3.0	When the Service is Covered	1
4.0	When the Service is Not Covered	2
5.0	Requirements for and Limitations on Coverage.....	2
5.1	Referral Authorizations for Carolina ACCESS Participants	2
5.2	Prior Approval	2
5.3	Documenting Medical Necessity	3
5.3.1	Therapeutic Shoes for Diabetics	3
5.3.2	Spinal Orthoses	4
5.3.3	Helmets	4
5.3.4	Cervical Orthoses.....	4
5.3.5	Hip Orthoses	5
5.3.6	Knee Orthoses.....	5
5.3.7	Ankle-Foot/Knee-Ankle-Foot Orthoses.....	5
5.3.8	Orthopedic Footwear	7
5.3.9	Upper Limb Orthoses.....	8
5.3.10	Lower Limb Prostheses	9
5.3.11	Upper Limb Prostheses	11
5.3.12	Elastic Supports	12
5.3.13	Trusses	12
5.3.14	Orthotic and Prosthetic Related Supplies	12
5.3.15	External Breast Prostheses.....	12
5.3.16	Ocular Prostheses.....	13
5.4	Amount of Service	13
5.5	Orthotic and Prosthetic Limitations	13
5.6	Delivery of Service	13
5.7	Servicing and Repairing Orthotic and Prosthetic Devices.....	14
5.8	Replacing Orthotic and Prosthetic Devices	14
6.0	Providers Eligible to Bill for the Service.....	15
6.1	Provider Qualifications	15
6.2	Federal Laws.....	16
6.3	Seeking Other Sources of Payment.....	16
6.4	Accepting Payment.....	16
6.5	Billing the Recipient	17
6.6	Verifying Recipient Eligibility	17
6.7	Disclosing Ownership Information.....	17

Table of Contents

7.0	Additional Requirements	17
7.1	Record Keeping	17
7.2	Coordinating Care.....	17
7.2.1	Community Alternatives Programs	18
7.2.2	Home Health Services	18
7.2.3	Hospice	18
8.0	Billing Guidelines	18
8.1	Payment Rates.....	18
8.2	Diagnosis Codes That Support Medical Necessity	19
8.3	Payment Restrictions	19
8.4	Dually Eligible Recipients	19
8.5	Units of Service	19
8.6	Filing Claims.....	20
8.7	Procedure Codes	20
8.8	Co-payments	20
9.0	Policy Implementation/Revision Information	20
Attachment A: Completing the Certificate of Medical Medical Necessity/Prior Approval Form.....		22
Attachment B: How a Recipient Obtains Orthotic and Prosthetic Devices.....		25
Attachment C: Completing a Claim for Orthotic or Prosthetic Devices		28
Attachment D: Lifetime Expectancies and Quantity Limitations for O&P		32
Attachment E: Frequently Asked Questions		68
Attachment F: Provider Certification Requirements.....		69

1.0 Description of the Service

Orthotic and Prosthetic Devices

Orthotic and prosthetic devices are purchased for recipients when they are prescribed by the patient's treating physician, physician's assistant, or nurse practitioner and medical necessity is documented. An item is medically necessary if it is needed to maintain or improve a recipient's medical, physical or functional level. Orthotic and prosthetic devices purchased by Medicaid become the property of the Medicaid recipient.

Refer to the Orthotic and Prosthetic Devices Fee Schedule for a list of the equipment, supplies, and services covered by Medicaid. The fee schedules are available on the Division of Medical Assistance's website at <http://www.dhhs.state.nc.us/dma/fee/fee.htm>.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions that would make them ineligible for services due to their eligibility category. Medicaid recipients are eligible for orthotic and prosthetic devices, subject to the limitations listed in **Section 5.0, Requirements for and Limitation on Coverage and Attachment B, How a Recipient Obtains Orthotic and Prosthetic Devices, Step 3**. All services provided to a Medicaid for Pregnant Women (MPW) recipient (pink Medicaid identification card) must be pregnancy-related.

2.2 Special Provisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at <http://www.dhhs.state.nc.us/dma/prov.htm>.

3.0 When the Service is Covered

Orthotic and prosthetic devices are covered only when they are listed on the Orthotic and Prosthetic Devices Fee Schedule and the recipient meets the specific coverage requirements for the device. Refer to **Section 5.3, Documenting Medical Necessity**. In addition, the provider will only be reimbursed for orthotic and prosthetic devices when he is enrolled as an appropriate Board-certified provider for a specific device. See **Attachment F, Board Certification Requirements for Orthotic and Prosthetic Services**.

The fee schedules are available on the Division of Medical Assistance's website at <http://www.dhhs.state.nc.us/dma/fee/fee.htm>.

Orthotic devices are covered if the recipient requires the item(s) for the correction or prevention of skeletal deformities, to support or align movable body parts, or to preserve or improve physical function. Prosthetic devices are covered as a replacement for all or part of the function of a permanently inoperative, absent, or malfunctioning body part. The recipient must require the prosthesis for mobility, daily care, and/or rehabilitation purposes. In addition, orthotic and prosthetic devices shall be:

1. Ordered by the treating physician, physician's assistant or nurse practitioner;
2. A reasonable and medically necessary part of the recipient's treatment plan;
3. Consistent with the recipient's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the recipient; and
4. Furnished at a safe, efficacious, and cost-effective level.
5. Refer to **Section 5.3, Documenting Medical Necessity**, for specific coverage requirements.
6. Of high quality for which replacement parts are available and obtainable.

4.0 When the Service is Not Covered

Orthotic and prosthetic devices are not covered when the coverage policy requirements are not met.

Non-covered devices and supplies include, but are not limited to, all of the following:

1. Experimental or investigational devices
2. Items for the recipient's comfort or convenience or for the convenience of the recipient's caregiver(s)
3. Devices and supplies for residents of nursing facilities
4. Equipment or supplies covered by another agency
5. Equipment or supplies for patients receiving hospice care, as defined in **Section 7.2, Coordinating Care**

Providers who have questions about whether a device is covered should call EDS Provider Services at 1-800-688-8888 or 919-851-8888. Recipients who have questions should call the Care Line at 1-800-662-7030.

5.0 Requirements for and Limitations on Coverage

5.1 Referral Authorizations for Carolina ACCESS Participants

A referral authorization must be obtained from the primary care physician before providing orthotic or prosthetic devices to a Carolina ACCESS participant. This referral authorization is required in addition to other requirements for the service, such as prior approval.

5.2 Prior Approval

Some orthotic and prosthetic devices require prior approval. Items that require prior approval are identified on the **Orthotic and Prosthetic Devices Fee Schedule** by an asterisk (*).

Prior approval is valid for the time period approved on the Certificate of Medical Necessity/Prior Approval (CMN/PA) form. If a physician, physician assistant or nurse practitioner decides that an item is needed for a different period of time, a new CMN/PA form must be submitted.

Refer to **Attachment A, Completing the Certificate of Medical Necessity/Prior Approval Form**, for general instructions on completing the CMN/PA form.

Refer to **Section 5.3, Documenting Medical Necessity**, for information on documenting medical necessity requirements for specific DME items.

5.3 Documenting Medical Necessity

Medical necessity must be documented on the CMN/PA form regardless of any requirements for prior approval.

5.3.1 Therapeutic Shoes for Diabetics

A5500	A5504	A5507
A5501	A5505	A5512
A5503	A5506	A5513

Therapeutic shoes, inserts and/or modifications to therapeutic shoes are covered if the following criteria are met:

1. The patient has diabetes mellitus (ICD-9 diagnosis codes 250.00-250.93); and
2. The patient has one or more of the following conditions:
 - a. Previous amputation of the other foot, or part of either foot, or
 - b. History of previous foot ulceration of either foot, or
 - c. History of pre-ulcerative calluses of either foot, or
 - d. Peripheral neuropathy with evidence of callus formation of either foot, or
 - e. Foot deformity of either foot, or
 - f. Poor circulation in either foot; and
3. The certifying physician who is managing the patient's systemic diabetes condition has certified that indications (1) and (2) are met and that he/she is treating the patient under a comprehensive plan of care for his/her diabetes and that the patient needs diabetic shoes.

For adult patients meeting these criteria, coverage is limited to one of the following within one year :

1. One pair of custom molded shoes (A5501) (which includes inserts provided with these shoes) and 2 additional pairs of inserts (A5512 or A5513); or
2. One pair of depth shoes (A5500) and 3 pairs of inserts (A5512 or A5513) (not including the non-customized removable inserts provided with such shoes).

Separate inserts may be covered and dispensed independently of diabetic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the insert can be placed. This footwear must meet the definitions found in this policy for depth shoes or custom molded shoes. **See Section 5.3.8, Orthopedic Footwear.**

There is no separate payment for the fitting of the shoes, inserts or modifications or for the certification of need or prescription of the footwear.

5.3.2 Spinal Orthoses

L0112	L0470	L0627	L0700	L0982	L1085	L1290
L0210	L0472	L0628	L0710	L0984	L1090	L1300
L0220	L0480	L0629	L0810	L0999	L1100	L1310
L0430	L0482	L0630	L0820	L1000	L1110	L1499
L0450	L0484	L0631	L0830	L1005	L1120	L1500
L0452	L0486	L0632	L0859	L1010	L1200	L1510
L0454	L0488	L0633	L0861	L1020	L1210	L1520
L0456	L0490	L0634	L0960	L1025	L1220	L4000
L0458	L0621	L0635	L0970	L1030	L1230	
L0460	L0622	L0636	L0972	L1040	L1240	
L0462	L0623	L0637	L0974	L1050	L1250	
L0464	L0624	L0638	L0976	L1060	L1260	
L0466	L0625	L0639	L0978	L1070	L1270	
L0468	L0626	L0640	L0980	L1080	L1280	

A thoracic-lumbar-sacral orthosis, lumbar orthosis, or lumbar-sacral orthosis is covered when it is ordered for one of the following indications:

1. To reduce pain by restricting mobility of the trunk; or
2. To facilitate healing following an injury to the spine or related soft tissues; or
3. To facilitate healing following a surgical procedure on the spine or related soft tissue; or
4. To otherwise support weak spinal muscles and/or a deformed spine.

5.3.3 Helmets

L0100	L0110
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Helmets (HCPCS codes L0100 and L0110) are provided when cranial protection is required due to a documented medical condition that makes the recipient susceptible to injury during activities of daily living. These devices are not provided for use during sports-related activities.

5.3.4 Cervical Orthoses

L0100	L0120	L0140	L0160	L0172	L0180	L0200
L0110	L0130	L0150	L0170	L0174	L0190	

A cervical orthosis is covered when it is ordered for one of the following indications:

1. To reduce pain by restricting mobility of the neck; or
2. To facilitate healing following an injury to the cervical spine or related soft tissues; or
3. To facilitate healing following a surgical procedure on the cervical spine or related soft tissue; or
4. To otherwise support weak cervical muscles and/or a deformed cervical spine.

5.3.5 Hip Orthoses

L1600	L1630	L1652	L1685	L1700	L1730
L1610	L1640	L1660	L1686	L1710	L1750
L1620	L1650	L1680	L1690	L1720	L1755

A hip orthosis is covered when it is ordered for one of the following indications:

1. To reduce pain by restricting mobility of the hip; or
2. To facilitate healing following an injury to the hip or related soft tissues; or
3. To facilitate healing following a surgical procedure on the hip or related soft tissue; or
4. To otherwise support weak hip muscles and/or a hip deformity.

5.3.6 Knee Orthoses

L1800	L1825	L1834	L1844	L1850	L1870
L1810	L1830	L1836	L1845	L1855	L1880
L1815	L1831	L1840	L1846	L1858	
L1820	L1832	L1843	L1847	L1860	

A knee orthosis is covered when it is ordered for one of the following indications:

1. To reduce pain by restricting mobility of the knee; or
2. To facilitate healing following an injury to the knee or related soft tissues; or
3. To facilitate healing following a surgical procedure on the knee or related soft tissue; or
4. To otherwise support weak knee muscles and/or a knee deformity.

These devices are not provided solely for use during sports-related activities.

5.3.7 Ankle-Foot/Knee-Ankle-Foot Orthoses

L1900	L2005	L2126	L2265	L2395	L2622	L2820	L2000
L1901	L2010	L2128	L2270	L2415	L2628	L2850	L2114
L1902	L2020	L2132	L2275	L2425	L2630	L2860	L2116
L1904	L2030	L2134	L2280	L2430	L2640	L2999	L2250
L1906	L2034	L2136	L2300	L2492	L2650	L4010	L2260
L1907	L2035	L2180	L2310	L2500	L2660	L4020	L2397
L1910	L2036	L2182	L2320	L2510	L2670	L4030	L2405
L1920	L2037	L2184	L2330	L2520	L2680	L4040	L2624
L1930	L2038	L2186	L2335	L2525	L2750	L4045	L2627
L1932	L2040	L2188	L2340	L2526	L2755	L4050	L2830
L1940	L2050	L2190	L2350	L2530	L2760	L4055	L2840
L1945	L2060	L2192	L2360	L2540	L2768	L4060	
L1950	L2070	L2200	L2370	L2550	L2770	L4070	
L1951	L2080	L2210	L2375	L2570	L2780	L4080	
L1960	L2090	L2220	L2380	L2580	L2785	L4090	
L1970	L2106	L2230	L2385	L2600	L2795	L4100	
L1971	L2108	L2232	L2387	L2610	L2800	L4130	
L1980	L2112	L2240	L2390	L2620	L2810	L1990	

AFOs Not Used During Ambulation

A static AFO (L4396) is covered if either all of criteria 1-4 or criterion 5 is met:

1. Plantar flexion contracture of the ankle (ICD-9 diagnosis code 718.47) with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e., a non-fixed contracture); and,
2. Reasonable expectation of the ability to correct the contracture; and,
3. Contracture is interfering or expected to interfere significantly with the patient's functional abilities; and,
4. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons.
5. The patient has plantar fasciitis (ICD-9 diagnosis code 728.71).

If a static AFO is used for the treatment of a plantar flexion contracture, the pre-treatment passive range of motion must be measured with a goniometer and documented in the medical record. There must be documentation of an appropriate stretching program carried out by professional staff or caregiver. A static AFO and replacement interface will be denied as not medically necessary if the contracture is fixed. A static AFO and replacement interface will be denied as not medically necessary for a patient with a foot drop but without an ankle flexion contracture. A component of a static AFO that is used to address positioning of the knee or hip will be denied as not medically necessary because the effectiveness of this type of component is not established.

If code L4396 is covered, a replacement interface (L4392) is covered as long as the patient continues to meet indications and other coverage rules for the splint. Coverage of a replacement interface is limited to a maximum of one (1) per 6 months. Additional interfaces will be denied as not medically necessary.

A foot drop splint/recumbent positioning device and replacement interface will be denied as not medically necessary in a patient with foot drop who is non-ambulatory because there are other more appropriate treatment modalities.

AFOs and KAFOs Used During Ambulation

Ankle-foot orthoses (AFO) described by codes L1900-L1990, L2106-L2116, L4350, L4360, and L4386 are covered for ambulatory patients with weakness or deformity of the foot and ankle, who require stabilization for medical reasons, and have the potential to benefit functionally.

Knee-ankle-foot orthoses (KAFO) described by codes L2000-L2038, L2387, L2126-L2136, and L4370 are covered for ambulatory patients for whom an ankle-foot orthosis is covered and for whom additional knee stability is required.

If the basic coverage criteria for an AFO or KAFO are not met, the orthosis will be denied as not medically necessary. AFOs and KAFOs that are molded-to-patient-model, or custom-fabricated, are covered for ambulatory patients when the basic coverage criteria listed above and one of the following criteria are met:

1. The patient could not be fit with a prefabricated AFO, or
2. The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months), or

3. There is a need to control the knee, ankle or foot in more than one plane, or
4. The patient has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury, or
5. The patient has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

L coded additions to AFOs and KAFOs (L2180-L2550, L2750-L2830) will be denied as not medically necessary if either the base orthosis is not medically necessary or the specific addition is not medically necessary.

5.3.8 Orthopedic Footwear

L3000	L3100	L3211	L3251	L3334	L3455	L3570
L3001	L3140	L3212	L3252	L3340	L3460	L3580
L3002	L3150	L3213	L3253	L3350	L3465	L3590
L3003	L3160	L3214	L3254	L3360	L3470	L3595
L3010	L3170	L3215	L3255	L3370	L3480	L3600
L3020	L3201	L3216	L3257	L3380	L3485	L3610
L3030	L3202	L3217	L3260	L3390	L3500	L3620
L3040	L3203	L3219	L3265	L3400	L3510	L3630
L3050	L3204	L3221	L3300	L3410	L3520	L3640
L3060	L3206	L3222	L3310	L3420	L3530	L3649
L3070	L3207	L3224	L3320	L3430	L3540	
L3080	L3208	L3225	L3330	L3440	L3550	
L3090	L3209	L3250	L3332	L3450	L3560	

Orthopedic footwear is covered for adults if it is an integral part of a covered leg brace described by codes L1900, L1920, L1980-L2030, L2050, L2060, L2080, or L2090. Oxford shoes (L3224, L3225) are covered in these situations. Other shoes, e.g. high top, depth inlay or custom for non-diabetics, etc. (L3649), are also covered if they are an integral part of a covered brace and if they are medically necessary for the proper functioning of the brace. Heel replacements (L3455, L3460), sole replacements (L3530, L3540), and shoe transfers (L3600-L3640) involving shoes on a covered brace are also covered. Inserts and other shoe modifications (L3000-L3170, L3300- L3450, L3465-L3520, L3550-L3595) are covered if they are on a shoe that is an integral part of a covered brace and if they are medically necessary for the proper functioning of the brace.

A shoe and related modifications, inserts, and heel/sole replacements, are covered only when the shoe is an integral part of a brace. A matching shoe which is not attached to a brace is non-covered.

Shoes which are incorporated into a brace must be billed by the same supplier billing for the brace.

Prosthetic shoes (L3250) are covered if they are an integral part of a prosthesis for patients with a partial foot amputation (ICD-9 diagnosis codes 755.31, 755.38, 755.39, 895.0-896.3). Claims for prosthetic shoes for other ICD-9 diagnosis codes will be denied as not medically necessary.

Shoes are denied as noncovered when they are put on over a partial foot prosthesis or other lower extremity prosthesis (L5010-L5600) which is attached to the residual limb by other mechanisms.

Orthopedic footwear will be covered for recipients ages birth through 20 years when deemed medically necessary by the prescribing physician regardless of the provision of a brace.

5.3.9 Upper Limb Orthoses

L3650	L3740	L3840	L3911	L3932	L3961	L3978
L3651	L3760	L3845	L3912	L3933	L3962	L3980
L3652	L3762	L3850	L3913	L3934	L3964	L3982
L3660	L3763	L3855	L3914	L3935	L3965	L3984
L3670	L3764	L3860	L3916	L3936	L3966	L3985
L3671	L3765	L3890	L3917	L3938	L3967	L3986
L3672	L3766	L3900	L3918	L3940	L3968	L3995
L3673	L3800	L3901	L3919	L3942	L3969	L3999
L3675	L3805	L3902	L3920	L3944	L3970	
L3677	L3507	L3904	L3921	L3946	L3971	
L3700	L3810	L3905	L3922	L3948	L3972	
L3701	L3815	L3906	L3923	L3950	L3973	
L3702	L3820	L3907	L3924	L3952	L3974	
L3710	L3825	L3908	L3926	L3954	L3975	
L3720	L3830	L3909	L3928	L3956	L3976	
L3730	L3835	L3910	L3930	L3960	L3977	

An upper limb orthosis is covered when it is ordered for one of the following indications:

1. To reduce pain by restricting mobility of the joint(s); or
2. To facilitate healing following an injury to the joint(s) or related soft tissues; or
3. To facilitate healing following a surgical procedure on the joint(s) or related soft tissue; or
4. To otherwise support weak skeletal muscles and/or musculo-skeletal deformities.

5.3.10 Lower Limb Prostheses

L5000	L5460	L5628	L5658	L5697	L5795	L5966
L5010	L5500	L5629	L5661	L5698	L5810	L5970
L5020	L5505	L5630	L5665	L5699	L5811	L5971
L5050	L5510	L5631	L5666	L5700	L5812	L5972
L5060	L5520	L5632	L5668	L5701	L5814	L5974
L5100	L5530	L5634	L5670	L5702	L5816	L5975
L5105	L5535	L5636	L5671	L5703	L5818	L5976
L5150	L5540	L5637	L5672	L5704	L5822	L5978
L5160	L5560	L5638	L5673	L5705	L5824	L5979
L5200	L5570	L5639	L5676	L5706	L5826	L5980
L5210	L5580	L5640	L5677	L5707	L5828	L5981
L5220	L5585	L5642	L5678	L5610	L5830	L5982
L5230	L5590	L5643	L5679	L5611	L5840	L5984
L5250	L5595	L5644	L5680	L5612	L5845	L5985
L5270	L5600	L5645	L5681	L5614	L5848	L5986
L5280	L5610	L5646	L5682	L5616	L5850	L5987
L5301	L5611	L5647	L5683	L5618	L5855	L5988
L5311	L5613	L5648	L5684	L5622	L5910	L5990
L5321	L5614	L5649	L5685	L5624	L5920	L5995
L5331	L5616	L5650	L5686	L5626	L5925	L5999
L5341	L5617	L5651	L5688	L5628	L5930	
L5400	L5618	L5652	L5690	L5780	L5940	
L5410	L5620	L5653	L5692	L5781	L5950	
L5420	L5622	L5654	L5694	L5782	L5960	
L5430	L5624	L5655	L5695	L5785	L5968	
L5450	L5626	L5656	L5696	L5799	L5962	

A lower limb prosthesis is covered when the patient:

1. Will reach or maintain a defined functional state within a reasonable period of time; **and**
2. Is motivated to ambulate.

A determination of the medical necessity for certain components/additions to the prosthesis is based on the patient's potential functional abilities.

Potential functional ability is based on the reasonable expectations of the prosthetist and treating physician, considering factors including, but not limited to:

1. The patient's past history (including prior prosthetic use if applicable); and
2. The patient's current condition including the status of the residual limb and the nature of other medical problems; and
3. The patient's desire to ambulate.

Clinical assessments of patient rehabilitation potential must be based on the following classification levels:

Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility.

Level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.

Level 2: Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.

Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

Level 4: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete. The records must document the patient's current functional capabilities and his/her expected functional potential, including an explanation for the difference, if that is the case.

Accessories (e.g., stump stockings for the residual limb, harness, including replacements) are also covered when these appliances aid in or are essential to the effective use of the artificial limb.

The following items are included in the reimbursement for a prosthesis and, therefore, are not separately billable to Medicaid as they are included in the established reimbursement rate for the devices:

1. Evaluation of the residual limb and gait.
2. Fitting of the prosthesis.
3. Cost of base component parts and labor contained in HCPCS base codes.
4. Repairs due to normal wear or tear within 90 days of delivery
5. Adjustments of the prosthesis or the prosthetic component made when fitting the prosthesis or component and for 90 days from the date of delivery when the adjustments are not necessitated by changes in the residual limb or the patient's functional abilities.

5.3.11 Upper Limb Prostheses

L6000	L6380	L6610	L6647	L6692	L6755	L6845	L6910
L6010	L6382	L6615	L6650	L6693	L6765	L6850	L6915
L6020	L6384	L6616	L6655	L6694	L6770	L6855	L7400
L6050	L6386	L6620	L6660	L6695	L6775	L6860	L7401
L6055	L6388	L6623	L6665	L6696	L6780	L6865	L7402
L6100	L6400	L6625	L6670	L6697	L6790	L6867	L7403
L6110	L6450	L6628	L6672	L6698	L6795	L6868	L7404
L6120	L6500	L6629	L6675	L6700	L6800	L6870	L7405
L6130	L6550	L6630	L6676	L6705	L6805	L6872	L7499
L6200	L6570	L6632	L6680	L6710	L6806	L6873	
L6205	L6580	L6635	L6682	L6715	L6807	L6875	
L6250	L6582	L6637	L6684	L6720	L6808	L6880	
L6300	L6584	L6638	L6686	L6725	L6809	L6883	
L6310	L6586	L6640	L6687	L6730	L6810	L6884	
L6320	L6588	L6641	L6688	L6735	L6825	L6885	
L6350	L6590	L6642	L6689	L6740	L6830	L6890	
L6360	L6600	L6645	L6690	L6745	L6835	L6900	
L6370	L6605	L6646	L6691	L6750	L6840	L6905	

An upper limb prosthetic device is covered when it replaces all or part of the function of a permanently inoperative, absent, or malfunctioning part of the upper limb. The recipient must require the prosthesis for activities of daily living and/or rehabilitation purposes. His treating physician, physician assistant or nurse practitioner must document that he is motivated to utilize the device prescribed. The physician, physician assistant, or nurse practitioner must sign a written rehabilitation plan incorporating goals he expects the recipient to achieve.

Accessories (e.g., stump stockings for the residual limb, harness, including replacements) are also covered when these appliances aid in or are essential to the effective use of the artificial limb.

The following items are included in the reimbursement for a prosthesis and, therefore, are not separately billable to Medicaid as they are included in the established reimbursement rate for the device:

1. Evaluation of the residual limb and activities of daily living.
2. Fitting of the prosthesis.
3. Cost of base component parts and labor contained in the HCPCS base code.
4. Repairs due to normal wear or tear within 90 days of delivery.
5. Adjustments of the prosthesis or the prosthetic component made when fitting the prosthesis or component and for 90 days from the date of delivery when the adjustments are not necessitated by changes in the residual limb or the patient's functional abilities.

5.3.12 Elastic Supports

A6530	A6533	A6536	A6539	A6542	A6549
A6531	A6534	A6537	A6540	A6543	
A6532	A6535	A6538	A6541	A6544	

Elastic supports are covered when they are ordered for one of the following indications:

1. Severe or incapacitating vascular problems, such as
 - a. acute thrombophlebitis, or
 - b. massive venous stasis, or
 - c. pulmonary embolism.
2. Venous insufficiency.
3. Varicose veins.
4. Edema of lower extremities.
5. Edema of pregnancy.
6. Lymphedema.

5.3.13 Trusses

L8300	L8310	L8320	L8330
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Trusses are covered when a hernia is reducible with the application of a truss.

5.3.14 Orthotic and Prosthetic-Related Supplies

L7600	L8415	L8430	L8460	L8480
L8400	L8417	L8435	L8465	L8485
L8410	L8420	L8440	L8470	L8499

Orthotic and prosthetic-related supplies are covered when the device with which it is used is covered and they are necessary for the function of the orthotic or prosthetic device.

5.3.15 External Breast Prostheses

A4280	L8001	L8010	L8020
L8000	L8002	L8015	L8030

A breast prosthesis is covered for a patient who has had a mastectomy, ICD-9-CM diagnosis codes V45.71, 174.0-174.9 or 233.0.

An external breast prosthesis garment, with mastectomy form (L8015) is covered for use in the postoperative period prior to a permanent breast prosthesis or as an alternative to a mastectomy bra and breast prosthesis.

5.3.16 Ocular Prosthesis

V2623	V2624	V2625	V2626	V2627	V2628
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An eye prosthesis is covered for a patient with absence or shrinkage of an eye due to birth defect, trauma or surgical removal.

Polishing and resurfacing (V2624) is covered on a twice per year basis.

Replacement is covered every five (5) years with exceptions allowed when documentation supports medical necessity for more frequent replacement.

One enlargement (V2625) or reduction (V2626) of the prosthesis is covered.

Scleral cover shell (V2627) is covered if it is ordered by the physician, physician assistant or nurse practitioner as an artificial support to a shrunken and sightless eye or as a barrier in the treatment of severe dry eye.

5.4 Amount of Service

The amount of service is limited to that which is medically necessary as determined by Medicaid policies. See **Attachment D: Lifetime Expectancies and Quantity Limitations for Orthotic and Prosthetic Devices** for specific limitations.

5.5 Orthotic and Prosthetic Limitations

Medicaid may place appropriate limits, based on medical necessity criteria, on orthotic and prosthetic items and supplies. When the prescribing physician, physician's assistant or nurse practitioner orders equipment or supplies beyond these limits, the provider must seek authorization for payment for these items from DMA. The orthotic and prosthetic provider must send a written request to DMA, along with a letter of medical necessity from the prescribing physician, physician's assistant or nurse practitioner. Consideration will be given to the request and a written decision will be returned to the provider. Recipients will be notified in writing if the request is denied.

Refer to **Attachment D: Lifetime Expectancies and Quantity Limitations for Orthotic and Prosthetic Devices** for a listing of the established lifetime expectancies and quantity limitations for orthotic and prosthetic supplies.

5.6 Delivery of Service

Providers must dispense orthotic and prosthetic items as quickly as possible due to the medical necessity identified for an item. However, providers who deliver an item requiring prior approval before approval has been received, do so at their own risk.

Refer to **Attachment B: How a Recipient Obtains Orthotic and Prosthetic Devices and Supplies**, for an outline of the basic steps to follow for a recipient to obtain orthotic and prosthetic devices.

5.7 Servicing and Repairing Orthotic and Prosthetic Devices

L4205	L4210	L7510	L7520
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Providers are responsible for replacement or repair of equipment or any part thereof that is found to be non-functional because of faulty material or workmanship within the guarantee of the manufacturer, without charge to the recipient or to Medicaid.

Service and repairs must be handled under any warranty coverage an item may have.

If there is no warranty, providers may request prior approval to perform the needed service and repairs by sending a completed CMN/PA form with a repair estimate to the address listed on the form. The estimate must show a breakdown of charges for parts, the number of hours of labor and the hourly labor rate. No charge is allowed for pick-up or delivery of the item or for the assembly of Medicaid-reimbursed parts. The following information must be entered in block 24 of the CMN/PA form:

1. The description and HCPCS code of the item being serviced or repaired;
2. The age of the item;
3. The number of times it has been previously repaired; and
4. The current replacement cost.

If emergency repairs are needed to ensure the continued mobility or support of the recipient, providers may request approval by calling 1-800-688-6696 or 1-919-851-8888 between 8:00 a.m. and 4:30 p.m., Monday through Friday, except holidays. Providers must be prepared to provide the information required on the CMN/PA form for service or repair of a purchased item. The completed CMN/PA form must be received within 10 workdays of the phone approval or the prior approval will be voided.

Refer to **Attachment A, Completing the Certificate of Medical Necessity/Prior Approval Form**, for instructions on completing the CMN/PA form.

Note: Medicaid does not cover maintenance or service contracts.

5.8 Replacing Orthotic and Prosthetic Devices

When repairing an item that is no longer cost-effective and the item is out of warranty, Medicaid will consider replacing the item. The anticipated life expectancies for some of the major categories of orthotic and prosthetic devices are listed below:

1. Helmets are expected to last at least 6 months.
2. Most orthotic devices are expected to last at least three years for adults (ages 21 years and older).
3. Most orthotic devices are expected to last at least 6 months for children (ages birth through 20 years).
4. Certain orthotic devices that include fabrics and/or elastic materials are expected to last shorter periods of time.
5. Scoliosis orthotic devices are expected to last at least 6 months.
6. Most upper limb and lower limb prosthetic devices are expected to last at least three years for adults (ages 21 years and older).
7. Most upper limb and lower limb prosthetics are expected to last at least one year for children (ages birth through 20 years).
8. Certain prosthetic devices that include fabric and/or soft materials are expected to last shorter periods of time.

9. Diabetic shoes are expected to last at least one year for adults (ages 21 years and older).
10. Diabetic shoes and orthopedic footwear are expected to last at least 6 months for children (ages birth through 20 years).
11. Orthopedic footwear is expected to last at least 6 months for adults (ages 21 and older).

Providers must refer to **Attachment D: Lifetime Expectancies and Quantity Limitations for Orthotic and Prosthetic Devices** for specific information for individual devices and supplies.

Note: When requesting prior approval for the replacement of an item before its usual life expectancy has ended, explain on the CMN/PA form why the replacement is needed.

Specific documentation, in addition to the prescription and CMN/PA form, is required in the following situations:

1. In cases of equipment loss or damage beyond repair, a letter from the social worker, case manager, child service coordinator, treating physical or occupational therapist explaining the circumstances.
2. In cases of theft, a copy of the police report or a letter from the appropriate person with knowledge of the occurrence, such as the school principal, social worker, etc.
3. In cases of equipment destruction by fire, a copy of the fire report.

Refer to **Attachment A: Completing the Certificate of Medical Necessity/Prior Approval Form**, for instructions on completing the CMN/PA form.

6.0 Providers Eligible to Bill for the Service

6.1 Provider Qualifications

Providers must be enrolled with DMA and meet all of the following conditions to qualify for participation with Medicaid as an Orthotics and Prosthetics supplier:

1. Providers must be Board certified or accredited by one of the following entities:
 - a. American Board for Certification in Orthotics and Prosthetics
 - b. Board for Orthotist/Prosthetist Certification
 - c. Board for Certification in Pedorthics
 - d. National Examining Board of Ocularists, Inc.
 - e. Board of Certification in Clinical Anaplastology
 - f. The Compliance Team, Inc., and
2. Providers cannot accept prescriptions for Medicaid-covered equipment from any physician, physician assistant or nurse practitioner or practitioner who has an ownership interest in their agency, and
3. Providers must be enrolled and participate in Medicare as a Orthotics and Prosthetics supplier, and
4. The providing agency must be located within the boundaries of North Carolina or in an adjoining state from which North Carolina recipients living on the border can use the agency as a general practice. **Out-of-state providers will be enrolled when the product they supply or manufacture is not available through an enrolled provider located within the state or border area.**
5. Providers must have a North Carolina Board of Pharmacy permit, and

6. Providers must be either:
 - a. A business entity authorized to conduct business in the state or in the locality where the business site is located. Proof of authorization shall include a certificate of assumed name, certificate of authority, certificate of good standing, license, permit or privilege license; or
 - b. A Medicaid-enrolled home health agency, a state agency, a local health department, a local lead agency for the Community Alternatives Program for Disabled Adults, a local lead agency for the Community Alternatives Program for the Mentally Retarded/Developmentally Disabled or an agency that provides case management for the Community Alternatives Program for Children.

Note: Providers must be enrolled to provide the specific device/HCPSC code they provide in order to be reimbursed for the device. See **Attachment F: Board Certification Requirements for Orthotic and Prosthetic Services.**

Note: Providers must be enrolled and meet the provider qualifications on the date that service is provided.

6.2 Federal Laws

Providers must comply with the following requirements in addition to the laws specifically pertaining to Medicaid:

1. **Title VI of the Civil Rights Act of 1964** which states that “no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation under any program or activity receiving federal financial assistance.”
2. **Section 504 of the Rehabilitation Act of 1973**, as amended, which states that “no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”
3. **The Americans with Disabilities Act of 1990** which prohibits exclusion from participation in or denial of services because the agency’s facilities are not accessible to individuals with a disability.

6.3 Seeking Other Sources of Payment

Providers must take all reasonable measures to determine the legal liabilities of third parties, including Medicare and private insurance, to pay for services. If third party liability is established, providers must bill the third party before billing Medicaid. Refer to the **Basic Medicaid Billing Guide** on DMA’s website at <http://www.dhhs.state.nc.us/dma/medbillcaguide.htm> for additional information.

6.4 Accepting Payment

Providers must accept Medicaid payment according to the rules and regulations for reimbursement promulgated by the Secretary of the Department of Health and Human Services and the State of North Carolina, and established under the N.C. Medicaid program. This includes accepting Medicaid payment as payment in full.

6.5 Billing the Recipient

When a non-covered service is requested by a recipient, the provider must inform the recipient either orally or in writing that the requested service is not covered under the Medicaid program and will, therefore, be the financial responsibility of the recipient. This must be done prior to providing the service.

A provider may refuse to accept a Medicaid recipient and bill the recipient as private pay **only** if the provider informs the recipient, either orally or in writing, that the service will not be billed to Medicaid and that the recipient will be responsible for payment.

6.6 Verifying Recipient Eligibility

Providers are responsible for verifying Medicaid eligibility when a recipient presents for services.

6.7 Disclosing Ownership Information

Providers must disclose ownership and control information, and information about the provider agency's owners or employees that have been convicted of criminal offenses against Medicare, Medicaid, and the Title XX services program.

7.0 Additional Requirements

7.1 Record Keeping

Records and documentation relating to the delivery of a Medicaid-reimbursed service must be kept for five years from the date of service. The provider must furnish any information that the U.S. Department of Health and Human Services and its agents, DMA and its agents or the State Medicaid Fraud Control Unit requests regarding payments received for providing Medicaid services.

Providers must keep the following documentation of their services:

1. The prescription for the item signed by the physician, physician assistant or nurse practitioner specifying the order as much as possible (e.g., number being ordered, frequency to be used, duration of prescription, etc.).
2. The original CMN/PA form for orthotic and prosthetic devices.
3. A full description of all item(s) supplied to a recipient.
4. The dates the items were supplied – the delivery date for purchased items or the delivery and pickup dates for rental items, including signed pick-up and delivery slips.
5. A full description of any service or repairs, including details of parts and labor, applicable warranty information, and the date of the service or repair. If the item is removed from the recipient's home for service or repair, record the date of removal and the date of return.

Note: All recipient information, including the recipient's Medicaid status, must be kept confidential. Provide this information only to those who are authorized to receive it.

7.2 Coordinating Care

Coordinate services to ensure appropriate recipient care while avoiding duplication or overlap.

7.2.1 Community Alternatives Programs (CAP/AIDS, CAP/C, CAP/DA and CAP/MR-DD)

Providers must notify the CAP case manager of all items they anticipate providing to a recipient who participates in a CAP program. The CAP case manager must be aware of all services being provided to a recipient to coordinate care and keep the cost of care within the CAP limit. CAP participants have a two-letter CAP indicator in the CAP block of the Medicaid identification card.

7.2.2 Home Health Services

Because home health agencies may also provide supplies, the provider must coordinate the provision of orthotic and prosthetic devices and related supplies with any home health agencies serving the recipient to ensure that supply items being provided by the home health agency are not being duplicated.

If orthotic or prosthetic devices are being provided to a home health recipient, the home health agency staff may be involved in helping the recipient to learn how to use the equipment and may be monitoring its use. Be sure that the recipient and/or caregiver understands:

1. how to care for the orthotic and prosthetic devices and related supplies
2. the responsibilities of the recipient/caregiver and the providing agency

Note: The provider must give the recipient/caregiver written instructions that include provisions for emergency situations and a phone number for contacting their agency 24 hours per day.

7.2.3 Hospice

If an orthotic or prosthetic provider is requested to provide a device for a Hospice recipient, determine if the device is related to the terminal illness. Providers may not bill Medicaid for orthotic or prosthetic devices or supplies related to the terminal illness.

Refer to **Section 8.0, Billing Guidelines**, for payment restrictions related to Hospice care.

Refer to **Attachment B: How a Recipient Obtains Orthotic and Prosthetic Devices**, for step-by-step instructions on how a recipient receives orthotic and prosthetic devices.

8.0 Billing Guidelines

8.1 Payment Rates

Providers must bill their usual and customary charges. Payment is calculated based on the lower of the provider's billed charge or the maximum amount allowed by Medicaid.

Payment for all items includes delivery to the recipient's home as well as any required fitting or assembly.

Note: Medicaid does not pay separately for travel time, shipping costs, delivery, fitting or assembly of orthotic and prosthetic devices. Medicaid's fees include these services.

8.2 Diagnosis Codes That Support Medical Necessity:

Providers must bill the ICD-9-CM diagnosis code(s) to the highest level of specificity that supports medical necessity.

8.3 Payment Restrictions

Reimbursement requires compliance with all Medicaid guidelines, including obtaining appropriate referrals for recipients enrolled in Medicaid Managed Care programs.

Medicaid payment is restricted in relation to the following services:

1. **Hospice:** A recipient receiving Hospice services through Medicaid or Medicare cannot receive orthotic and prosthetic coverage for items related to the treatment of the terminal illness. A recipient who meets the requirements of both services may choose which service to receive.

Refer to **Section 7.2, Coordinating Care**, for additional information.

Note: Participation in a Medicaid Managed Care program or CAP may also affect coverage.

8.4 Dually Eligible Recipients

Effective with **date of service September 6, 2004**, claims filed to **Medicare will be crossed over automatically** to Medicaid for payment if a Medicare Crossover Request form is on file with Medicaid for that provider and Medicare and Medicaid have matching data for the recipient. It is the provider's responsibility to check the Medicaid Remittance and Status Report to verify that the claim was crossed over from Medicare. Providers may verify that their Medicare provider number is cross-referenced to their Medicaid provider number by contacting EDS Provider Services at 1-800-688-6696 or 919-851-8888. If your Medicare provider number is not cross-referenced to your Medicaid provider number, you must complete and submit the Medicare Crossover Request form (available from DMA's website at <http://www.dhhs.state.nc.us/dma/forms.html>) and submit it by fax or mail to the fax number or address listed on the form. Claims will pay to the Medicaid provider number indicated on the claim filed to Medicare. If no Medicaid provider number is on the claim filed to Medicare, claims will pay to the Medicaid provider number indicated on the Medicare Crossover Request form.

Note: If you have more than one Medicaid provider number, you should indicate on the Medicare claim the Medicaid provider number for which you want to receive payment. Refer to the August 2004 Special Bulletin V, *Medicare Part B Billing*, for details regarding crossover claims for recipient with both Medicaid and Medicare eligibility.

8.5 Units of Service

Medicaid pays for services in specific units that measure the amount of service provided to the recipient.

For orthotics and prosthetics, the units of service are:

1. **Purchased Equipment:** The unit of service is **1** for each item provided.
2. **Service and Repair:** The unit of service is **1** for each approved service or repair unit, in 15 minute increments.

8.6 Filing Claims

Orthotic and prosthetic providers file claims using the CMS-1500 claim form.

Refer to **Attachment C: Completing a Claim for Orthotic and Prosthetic Services**, for additional information.

8.7 Procedure Codes

Refer to the **Orthotic and Prosthetic Devices Fee Schedule** for a list of orthotic and prosthetic devices and related supplies covered by Medicaid. The fee schedules are available on DMA's website at <http://www.dhhs.state.nc.us/dma/fee/fee.htm>.

8.8 Copayments

Medicaid-eligible recipients are exempt from copayments.

9.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2005

Revision Information:

Date	Section Revised	Change
07/11/05	Attachment A	Instructions for completing the CMN/PA form were revised to reflect updated CM/PA form.
08/01/05	Entire Policy	Policy was expanded to include coverage for recipients through age 115.
9/1/05	Section 2.2	The special provision related to EPSDT was revised.
10/1/05	Section 8.8	Information related to copayments was added.
12/1/05	Section 2.2	The web address for DMA's EDPST policy instructions was added to this section.
12/1/05	Section 6.1	Board certification in Clinical Anaplastology was added as one of the conditions to qualify for participation with Medicaid as an Orthotics and Prosthetics supplier.
12/1/05	Attachment F	The provider certification requirement for BCO was revised to include board certification in Clinical Anaplastology.
1/1/06	Section 5.3.1, Attachment D and Attachment F	HCPCS codes K0628 and K0629 were end-dated and replaced with codes A5512 and A5513.
1/1/06	Section 5.3.2, Attachment D and Attachment F	HCPCS codes K0630 through K0649 were end-dated and replaced with codes L0621 through L0621 through L0640; L0860 was end-dated and replaced with L0859.
1/1/06	Section 5.3.7, Attachment D and Attachment F	HCPCS code L2039 was end-dated and replaced with codes L2034 and L2387.

Revision Information, continued

Date	Section Revised	Change
1/1/06	Section 5.3.9, Attachment D and Attachment F	HCPCS code L3963 was end-dated and replaced with code L3961. HCPCS codes L3671 through L3673, L3702, L3763 through L3766, L3905, L3913, L3919, L3921, L3933, L3935, L3967, L3971, L3973, and L3975 through L3978 were added to the list of covered codes for upper limb orthoses.
1/1/06	Section 5.3.10, Attachment D and Attachment F	HCPCS codes L5703 and L5971 were added to the list of covered codes for lower limb prostheses.
1/1/06	Section 5.3.11, Attachment D and Attachment F	HCPCS codes L6883 through L6885 and L7400 through L7405 were added to the list of covered codes for upper limb prostheses.
1/1/06	Section 5.3.12, Attachment D and Attachment F	HCPCS codes L8100, L8110, L8120, L8130, L8140, L8150, L8160, L8170, L8180, L8190, L8195, L8200, L8210, L8220, L8230, and L8239 were end-dated and replaced with codes A6530 through A6544 and A6549.
1/1/06	Section 5.3.14, Attachment D and Attachment F	HCPCS code L7600 was added to the list of covered codes for orthotic and prosthetic-related supplies.
1/1/06	Attachment D and Attachment F	Code descriptions were updated for L1832 through L1844, L1846, L2036 through L2038, L2405, L3170, L3215 through L3217, L3221, L3222, L3906, and L3923.
4/1/06	Section 6.1	Information about when an out-of-state provider can enroll with N.C. Medicaid was added to item #4.
7/1/06	Attachment D and Attachment F	An asterisk was added to codes L3671, L3763, and L7405 to indicate the need for prior approval.
7/1/06	Attachment D and Attachment F	The asterisks were deleted from codes L2387 and L7402 to indicate that prior approval is not needed.
8/1/06	Attachment D	Codes L3300, L3310, L3320, L3330, L3332, and L3334 are no longer subject to a 2-per-year limitation.
8/1/06	Attachment F	The list of board certified providers who may bill for L1831, L1386, and L1840 was updated to include CO and CPO certifications.
9/1/06	Section 6.1	The provider qualifications were updated to state that providers may be certified or accredited, and The Compliance Team, Inc. was added as one of the entities that may provide certification or accreditation.

Attachment A: Completing the Certificate of Medical Necessity/Prior Approval Form

The Certificate of Medical Necessity/Prior Approval (CMN/PA) form is completed according to the following instructions. All blocks **must** be completed unless they are listed as optional. An example of a completed form follows the instructions.

1. Patient's Last Name, First, Middle	Enter the patient's last name, first name, and middle name as it appears on the patient's Medicaid ID card.
2. Birth Date (MM/DD/YYYY)	Enter the month, day, and year of the patient's date of birth.
3. Sex	Enter an F or M to indicate the patient's sex.
4. Medicare Number	Enter the patient's Medicare number – nine digits and a letter. Enter N/A if the patient is not on Medicare.
5. Medicaid Number	Enter the patient's Medicaid number – nine digits and a letter.
6. Patient's Address and Telephone Number	(Optional entry) Enter the patient's street address, city, state and zip code – and phone number with the area code.
7. Provider Number/Attending Number	Enter the supplier's Medicaid provider number – this is a seven-digit number. For orthotic and prosthetic devices the Board Certified attending number must also be provided.
8. Provider Name, Address and Telephone Number	Enter the supplier's name, street address, city, state and zip code – and phone number with the area code.
9. Prescribing Physician Name, Address and Telephone Number	Enter the prescribing physician's name, street address, city, state and zip code – and phone number with the area code.
10. Provider Number	(Optional entry) Enter the physician's Medicaid provider number – this is a seven-digit number.
11. ICD-9-CM, Principal Diagnosis, and Date	Enter the description of the principal diagnosis and the date of onset. Entering the ICD-9-CM code is optional unless coverage of the device is restricted to specific codes. (The code is needed on the claim; therefore, it is helpful to obtain it from the physician when completing the CMN/PA.)
12. ICD-9-CM, Other Pertinent Diagnoses and Date	Enter the description of the secondary or pertinent diagnosis(es), and the date(s) of onset. Entering the ICD-9-CM code(s) is optional.
13. CPT-4, Surgical Procedure	If a surgical procedure is related to the need for DME, enter the name of the procedure and the date it was performed. Entering the CPT-4 code is optional.
14 - 23:	For the items 14 through 23, check the applicable blocks to justify the need for the requested item(s). Write additional information as needed for justification. Enter N/A if not applicable to the patient and the item being provided. The patient's height and weight is required.

<p>24. Patient's status will be monitored by physician while equipment is provided</p>	<p>Check this block if the item requires the physician to provide instructions to the recipient and monitor the recipient's status during the period that the equipment is being used. This block must be checked for percussors (E0480), glucose monitors (E0607), apnea monitors (E0619), external insulin pumps (E0784), ultraviolet lights (E0691 or E0692), photo therapy units (E0202) and passive motion exercise device (E0935).</p>
<p>25. Provide objective information to substantiate medical necessity of equipment</p>	<p>Provide additional information to justify the need for the item(s) or special features. See Appendix F for requirements for selected items, including apnea monitors, bi-level therapy, CPAP, external insulin pumps, oxygen and oxygen equipment, portable pulse oximeters, pressure reducing support surfaces, TENS units, therapeutic ventilators and wheelchairs.</p>
<p>26.</p>	<p>Enter information for each item requested EXT: Check if requesting an extension of a previous prior approval. PRIOR APPROVAL NO.: Leave blank. FROM DATE and TO DATE: Customized Equipment, Prosthetics and Orthotics: Enter the date of the physician's prescription in the FROM block. Enter a date six months after the FROM date in the TO block. Other Purchased Equipment and DME-Related Supplies: Enter the date the item is expected to be delivered to the patient in the from FROM box. Enter a date six months after the FROM date in the TO box. Rental Equipment: Enter the anticipated beginning of the rental period in the FROM block. Enter the expected end of the rental period in the TO block. Service and Repairs: Enter the expected date that the item is to be serviced or repaired in the FROM block. Enter a date three months after the FROM date in the TO block. EDS Use Only: Leave blank. R – N – U: Check R for rental, Check N for a new purchase or U for a used purchase. HCPCS CODE: Enter the HCPCS code for the item. Enter RT for right side or LT for left side for appropriate orthotic and prosthetic codes. EQUIPMENT DESCRIPTION Enter the description that corresponds to the HCPCS code for each item requested. <i>REMEMBER: Rentals are billed as type of service E on the claim form.</i></p>
<p>27. Provider Signature/Board Certified Practitioner Signature and Date</p>	<p>An authorized representative of the supplier signs and dates the form to show acceptance of the order and agreement to provide the requested items. A signature stamp is acceptable – stamp all three pages. For items on the Orthotic and Prosthetic Fee Schedule, the certified staff member authorized to provide the item must sign and date the form to indicate that their level of expertise is appropriate for the device and that the appropriate device will be provided.</p>
<p>28. Physician, Physician Assistant, or Nurse Practitioner Signature and Date</p>	<p>The physician, physician assistant, or nurse practitioner signs and dates the form to verify the accuracy of the information on the form, the medical necessity for the requested item(s) and, if applicable, the agreement to provide instruction and supervision to the recipient. NOTE: Signature stamps are NOT acceptable for the physician, physician assistant, or nurse practitioner signature.</p>
<p>29. Return Address</p>	<p>Enter your company name and the mailing address that you want the form returned. You may handwrite, type or stamp the information on the form.</p>

Example of CMN/PA Form for Orthotics and Prosthetics

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*** DO NOT LEAVE ANY BLOCKS BLANK**
CERTIFICATE OF MEDICAL NECESSITY AND PRIOR APPROVAL FORM FOR DURABLE MEDICAL EQUIPMENT AND ORTHOTIC AND PROSTHETIC DEVICES
North Carolina Division of Medical Assistance - Medicaid Program

1. Patient's Last Name Recipient Jane D.		2. Birth Date (MM/DD/YYYY) 01-05-1999	3. Sex F	4. Medicare Number N/A
5. Medicaid Number 999-99-9999 T		6. Patient's Address 123 Any Street Any Town, NC 12345		Telephone Number 919 987-6543
7. Provider Number/Attending Number 7700319 / 7799007		8. Provider Name ACME Orthotics & Prosthetics		Telephone Number 919 123-4567
9. Prescribing Physician Name Dr. Joe Provider		10. Provider Address 23 Any Street Any Town, NC 12345		Telephone Number 919 246-1357
11. ICD-9-CM 754.51	Principal Diagnosis Talipes Equinovarus	Date 2/10/05	12. ICD-9-CM 343.9	
13. CPT-4 276.85	Surgical Procedure Heelcord Lengthening	Date 4/15/05	Other Pertinent Diagnoses Infantile Cerebral Palsy	
10. Provider Number 8999999				

MEDICAL AND FUNCTIONAL STATUS

14. **CONDITION :** ☒ Stable ☐ Unstable Height: **3'4"** Weight: **48lbs.**

15. **PROGNOSIS:** ☐ Terminal ☐ Poor ☐ Guarded ☐ Fair ☒ Good ☐ Excellent

16. **PATIENT :** ☐ Requires positioning not feasible in ordinary bed ☐ Unattended for long periods of time ☐ Lives alone **(N/A)**

17. **EQUIPMENT :** ☐ Necessary to retard deterioration of condition ☒ Necessary for function: specify **ambulation** Length of need _____ days/months/years

18. **MENTAL :** ☒ Oriented ☐ Forgetful ☐ Disoriented ☐ Agitated ☐ Comatose ☐ Depressed ☐ Lethargic ☐ Infant ☐ Other : specify _____

19. **NEUROLOGICAL :** Muscle Tone : ☐ Normal ☒ Increased ☐ Decreased ☐ Fluctuating
Sensation : ☒ Normal ☐ Abnormal : specify _____

20. **RESPIRATORY :** ☒ Normal : ☐ SOB on Minimal Exertion ☐ Tracheostomy
☐ O2: Flow Rate: _____ Frequency: _____ Test Date: _____ Results: _____

21. **SKIN :** ☒ Normal ☐ Other : specify _____ ☐ Decubiti : specify _____

22. **AMBULATORY :** ☐ Complete bedrest ☐ or ☒ Up as tolerated
☐ Transfers bed chair : ☐ Independently ☐ Wheelchair use: Confined ☐ Yes ☐ No ☒ Walks: ☐ Unassisted
☐ With assistance Hours / day _____ ☒ With assistive device : specify **walker**
☐ max distance walked: _____

23. Can place of residence physically accommodate equipment being requested? ☒ Yes ☐ No

24. Patient's status will be monitored by physician while equipment is provided. ☒ Yes ☐ No

25. Provide objective information to substantiate medical necessity of equipment: **AFO is necessary for patient function and completion of ADLs within her home.**

26. ITEM NO.	EXT	SERVICE REVIEW NO. (EDS USE ONLY)	FROM DATE	TO DATE	EDS Use Only	R	N	U	HCPCS CODE	EQUIPMENT DESCRIPTION
1			07/02/05	01/01/06					L196DLT	AFO, posterior, solid ankle
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

27. **A. Provider / BC Practitioner** 7/5/05
Provider Signature/Board Certified Practitioner Date

28. **A. Doctor** 7/11/05
Physician, Physician Assistant, Nurse Practitioner Signature Date

29. Return Address
Acme Orthotics & Prosthetics
1 Main Street
Any Town, NC 12345

Return to: EDS/PA
P.O. Box 31188
Raleigh, NC 27622

30. Approval constitutes medical approval for services only. Eligibility for care in the month in which services are provided should be verified from patient's Medicaid card.

Attachment B: How a Recipient Obtains Orthotic and Prosthetic Devices

The following steps outline how a recipient receives orthotic and prosthetic devices. The steps are in the order that they are usually accomplished.

Note: These procedures do not apply when Medicare is the primary payer. Providers are responsible for knowing when an item provided to a Medicare-Medicaid recipient should be billed to Medicare first. The fee schedule indicates the items that must always be billed to Medicare for dually-eligible recipients. For other Medicare/Medicaid covered items billed to Medicaid for a dually-eligible recipient, the provider must maintain documentation to support a decision to bill Medicaid as primary.

Step 1 Receive Physician's Prescription

A physician, physician assistant or nurse practitioner who has personally examined the recipient writes a prescription for the needed orthotic or prosthetic device. The prescription is given to the orthotic and prosthetic provider.

Step 2 Complete Documentation of Need

Fill out the appropriate form to document the need for the requested orthotic and prosthetic devices.

- For all orthotic and prosthetic devices, complete each item on the Certificate of Medical Necessity/Prior Approval (CMN/PA) form, unless the instructions indicate that a block is optional. Include any additional documentation required to document medical necessity.

Send the CMN/PA to the prescribing physician, physician assistant or nurse practitioner for completion of the items requiring the physician's knowledge and expertise. Also, ask the physician, physician assistant or nurse practitioner to sign and date the form.

- For orthotic and prosthetic devices not on the Orthotic and Prosthetic Fee Schedule for recipients from birth through 20 years of age, complete:
 - ◆ items 1, 2, 5, 7, and 26 on the CMN/PA form; **and**
 - ◆ the Children's Special Health Services Form (DHHS 3056) "Authorization Request/Approval." Providers may obtain the form and instructions for completing the form from Children's Special Health Services (CSHS) by calling Special Needs Hotline at 800-737-3028 or Purchase of Medical Care Services Provider Relations at 919-855-3651.

Refer to **Attachment A, Completing the Certificate of Medical Necessity/Prior Approval Form**, for a sample of and instructions for completing the CMN/PA form.

Step 3 Verify Medicaid Eligibility

Verify Medicaid eligibility according to the guidelines in **Section 2.0, Eligible Recipients**.

When checking the color of the recipient's Medicaid identification card, remember the following:

Blue: The recipient may be considered for orthotic and prosthetic devices.

Pink: Covers only pregnancy-related services. Orthotic and prosthetic devices must be related to the pregnancy in order to be covered.

Buff: Not eligible for orthotic and prosthetic devices. (Medicaid will pay the Medicare copayments when Medicare covers an orthotic and prosthetic device.)

Note: Check all other key information on the card such as eligibility dates, insurance information, and other important items. If the card shows that a recipient participates in a Medicaid Managed Care program, CAP or Hospice, coverage may be affected.

Refer to **Section 7.2 Coordinating Care**, for additional information.

Step 4 Assess Appropriateness

Although the recipient's physician, physician assistant or nurse practitioner is responsible for prescribing orthotic and prosthetic devices, providers should review the available information to see if an item appears appropriate. Key points are:

- **Does the recipient have a medical necessity for the item?** Look at whether the item is a necessity or a convenience for the recipient or his caregivers. For example, a recipient may want orthopedic footwear. However, regular footwear meets the recipient's needs.
- **Is the item appropriate for the recipient's situation?** Check to ensure that the recipient or his caregiver can appropriately and safely apply the orthotic and prosthetic device.
- **Has Medicaid previously furnished this item to the recipient?** If Medicaid has previously purchased the same equipment for a recipient, refer to **Section 5.8, Replacing Orthotics and Prosthetics**, for information about replacement.

Step 5 Resolve Questions and Concerns

- Resolve any questions or concerns you have about an orthotic and prosthetic device before you provide it. If anything ordered by the physician, physician assistant or nurse practitioner appears inappropriate or a potential source of problems, contact the physician, physician assistant or nurse practitioner.

Step 6 Request Prior Approval

If a device requires prior approval, submit the request as follows:

- For all orthotic and prosthetic devices listed on the Orthotic and Prosthetic Fee Schedule, send the completed three-part CMN/PA form to the address listed on the form.
 - ◆ **Approved Requests:** The form will show a PA number for each item and the time period for which it is approved. The dates of service that you bill must be within the approved period. Refer to **Attachment C, Completing a Claim for Orthotic and Prosthetic Services**, for additional instructions about completing item **24A** on the CMS-1500 claim form.
 - ◆ **Denied Requests:** If the recipient wants a denied request reconsidered, he may appeal to the DMA Hearing Office.

- For devices not listed on the Orthotic and Prosthetic Fee Schedule **for recipients birth through 20 years of age**, send the CMN/PA form with items 1, 2, 5, 7, and 26 completed, and the CSHS Authorization Request/Approval form (DHHS 3056) to the Purchase of Medical Care Services at the address listed on the form. Include the following documentation with the form:
 - ◆ A letter of medical necessity signed by a physician, physician assistant or nurse practitioner and/or a physical or occupational therapist who is treating the child.
 - ◆ An itemized list of components with costs and a verification of the catalog price.
 - ◆ The accompanying HCPCS code for each item.

CSHS will notify you of its decision.

- ◆ **Approved Requests:** The form will show a PA number for each item and the time period for which it is approved. The dates of service that you bill must be within the approved period. Refer to **Attachment C, Completing a Claim for DME Services**, for additional instructions about completing item **24A** on the CMS-1500 claim form.
- ◆ **Denied Requests:** If the recipient wants a denied request reconsidered, he may appeal to the DMA Hearing Office.

Note: Prior approval authorizes payment of a DME item only if the person is Medicaid-eligible. It does not ensure that the recipient is on Medicaid nor waive other prerequisites to payment such as billing third party payers. You must verify Medicaid eligibility and meet other reimbursement responsibilities.

Attachment C: Completing a Claim for Orthotic or Prosthetic Services

Refer to the following information for completing a CMS-1500 claim form for DME services.

Block #/Description	Instruction
1.	Place an X in the MEDICAID block.
1a. Insured's ID Number	Enter the recipient's Medicaid ID number (nine digits and the alpha suffix) from the recipient's Medicaid ID card.
2. Recipient's Name	Enter the recipient's last name, first name and middle initial from the Medicaid ID card.
3. Recipient's Birth Date/Sex	Enter eight numbers to show the recipient's date of birth - MMDDYYYY. The birth date is on the Medicaid ID card. EXAMPLE: November 14, 1949 is 11141949 . Place an X in the appropriate block to show the recipient's sex.
4. Insured's Name.	Leave blank
5. Recipient's Address	Enter the recipient's street address, including the city, state and zip code. The information is on the Medicaid ID card. Entering the telephone number is optional.
6. – 8.	Leave blank.
9. Other Insurer's Name	Enter applicable private insurer's name or the appropriate Medicare override statement if you know that Medicare will not cover the billed item, using the EXACT wording shown below: <i>This is a Medicare non-covered service.</i> <i>Service does not meet Medicare criteria.</i> <i>Medicare benefits are exhausted.</i> REMEMBER: You must have documentation to support the use of any of these statements.
9a. – 9d.	Enter applicable insurance information.
10. Is Recipient's Condition...?	Place an X in the appropriate block for each question.
11. – 14.	Optional.
15. – 16.	Leave blank.
17., 17a., and 18.	Optional.
19. Reserved for Local Use	If the claim is for a Carolina ACCESS participant, enter the primary care provider's referring number – otherwise leave blank.
20. Outside Lab...	Leave blank.
21. Diagnosis or Nature of Illness	Enter the ICD-9-CM code(s) to describe the primary diagnosis related to the service. You may also enter related secondary diagnoses. Entering written descriptions is optional.
22. Medicaid Resubmission Code	Leave blank.
23. Prior Authorization Number	Leave blank.

Note: Blocks 24A through 24K are where you provide the details about what you are billing. There are several lines for listing services. Each line is called a "detail." When completing these blocks:

- Use one line for each HCPCS code that you bill on a given date.
- If you provide more than one unit of the same item on one day, include all the items on the same line. For example, if you provide 2 ankle-foot orthotics on May 1, include both on one line. Enter 2 units in 24G for that date of service.
- Include only dates of service for which the recipient is eligible for Medicaid.

24a. Date(s) of Service, From/To	<p>Your entry depends upon the services:</p> <p>Prosthetics and Orthotics: You may enter either the date of the physician's prescription or the date of delivery to the recipient's home as the date of service. Place the date in the FROM block. Enter the same date in the TO block.</p> <p>Service and Repairs: Enter the date that the item is serviced or repaired in the recipient's home as the date of service. If the item is removed from the recipient's home for service or repairs, enter the date that it is returned. Place the date in the FROM block. Enter the same date in the TO block.</p>
24b. Place of Service	Enter 12 to show the items are provided at the recipient' residence.
24c. Type of Services	Leave blank.
24d. Procedures, Services...	Enter the appropriate HCPCS code and modifier: NU for new purchase. Indicate RT for right side or LT for left side, if appropriate to the HCPCS code.
24e. Diagnosis Code	Leave blank.
24f. Charges	Enter the total charge for the items on the line.
24g. Days or Units	<p>Enter the number of units as follows:</p> <p>Prosthetics and Orthotics: Enter the number of units provided on the date of service.</p> <p>Service and Repair: Enter 1 unit for each 15-minute increment being billed.</p>
24h. – 24i.	Leave blank.
24j. – 24k.	Optional.
25. Federal Tax ID Number	Optional
26. Recipient's Account No.	Optional. You may enter your agency's record or account number for the recipient. The entry may be any combination of numbers and letters up to a total of nine characters. If you enter a number, it will appear on your RA. This will assist in reconciling your accounts.
27. Accept Assignment	Leave blank.
28. Total Charge	Enter the sum of the charges listed in Item 24F .
29. Amount Paid	Enter the total amount received from third party payment sources.
30. Balance Due	Subtract the amount in Item 29 from the amount in Item 28 and enter the result here.
31. Signature of Physician or Supplier...	Leave blank if there is a signature on file with Medicaid. Otherwise, an authorized representative of your agency must sign and date the claim in this block. A written signature stamp is acceptable.
32. Name and Address of Facility...	Optional.

33. Physician's/ Supplier's Billing Name...	Enter your agency's name, address, including ZIP code, and phone number. The name and address must be EXACTLY as shown on your Medicaid orthotic and prosthetic participation agreement.
PIN#	Enter your seven-digit board-certified attending practitioner provider number.
GRP#	Enter your seven-digit Medicaid orthotic and prosthetic provider number.

Remember: When submitting a claim for manually priced items an invoice must also be attached to the claim.

Example of Claim Form for Orthotics and Prosthetics

PLEASE DO NOT STAPLE IN THIS AREA

HEALTH INSURANCE CLAIM FORM

1. MEDICARE ☐ MEDICAID ☒ CHAMPUS ☐ CHAMPVA ☐ GROUP HEALTH PLAN (SSN or ID) ☐ FECA BLK LUNG (SSN) ☐ OTHER ☐ PICA ☐

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
Recipient Jane, D.

3. PATIENT'S BIRTH DATE
MM DD YY 05 01 99

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
999-99-9999T

5. PATIENT'S ADDRESS (No., Street)
123 Any Street

6. PATIENT RELATIONSHIP TO INSURED
Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street)
CITY STATE ZIP CODE TELEPHONE (INCLUDE AREA CODE)

8. PATIENT STATUS
Single ☐ Married ☐ Other ☐
Employed ☐ Full-Time Student ☐ Part-Time Student ☐

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
a. OTHER INSURED'S POLICY OR GROUP NUMBER
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐
c. EMPLOYER'S NAME OR SCHOOL NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES ☐ NO ☐
b. AUTO ACCIDENT? PLACE (State) YES ☐ NO ☐
c. OTHER ACCIDENT? YES ☐ NO ☐
10d. RESERVED FOR LOCAL USE

11. INSURED'S POLICY GROUP OR FECA NUMBER
a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐
b. EMPLOYER'S NAME OR SCHOOL NAME
c. INSURANCE PLAN NAME OR PROGRAM NAME
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ☐ NO ☐ If yes, return to and complete item 9 a-d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES ☐ NO ☐ \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)
1. 754.41
2. 343.9
3.
4.
22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

DATE(S) OF SERVICE From MM DD YY To MM DD YY	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS I MODIFIER	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EP/SDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE
07:20:05 07:20:05	12		L1960 INLT RT		295.00	1				

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For gov't claims, see back) YES ☐ NO ☐

28. TOTAL CHARGE \$295.00

29. AMOUNT PAID \$

30. BALANCE DUE \$295.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED A. Boulder DATE 7/27/05

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
Acme Orthotics & Prosthetics
1 Any Street
Anytown, NC 12345
PIN# 7799001 GRP# 7700000

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88) PLEASE PRINT OR TYPE APPROVED OMB-0938-0008 FORM CMS-1500 (12/90), FORM RRB-1500, APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)

Attachment D: Lifetime Expectancies and Quantity Limitations for O&P

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
A5500*	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe,	2 per 6 months: ages 00-20; 2 per 1 year ages 21 and older
A5501*	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	2 per 6 months: ages 00-20; 2 per 1 year ages 21 and older
A5503*	For diabetics only, modification (including fitting) of off-the-shelf depth inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	2 per 6 months: ages 00-20; 2 per 1 year ages 21 and older
A5504*	For diabetics only, modification (including fitting) of off-the-shelf depth inlay shoe or custom molded shoe with wedge(s), per shoe	2 per 6 months: ages 00-20; 2 per 1 year ages 21 and older
A5505*	For diabetics only, modification (including fitting) of off-the-shelf depth inlay shoe or custom molded shoe with metatarsal bar, per shoe	2 per 6 months: ages 00-20; 2 per 1 year ages 21 and older
A5506*	For diabetics only, modification (including fitting) of off-the-shelf depth inlay shoe or custom molded shoe with off-set heel(s), per shoe	2 per 6 months: ages 00-20; 2 per 1 year ages 21 and older
A5507*	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth inlay shoe or custom-molded shoe, per shoe	2 per 6 months: ages 00-20; 2 per 1 year ages 21 and older
A5512*	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	3 per foot, per year
A5513*	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	3 per foot, per year
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	6 months: ages 0-20; 1 year: ages 21 and older
L0623	Sacroiliac orthosis, provides pelvic sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous closures, may include pendulous abdomen design, custom fabricated	6 months: ages 0-20; 1 year: ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year :ages 21 and older
L0627	Lumbar orthosis, sagittal control, rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older
L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year :ages 21 and older
L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	6 months: ages 0-20; 1 year: ages 21 and older
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older
L0631*	Lumbar-sacral-coronal orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older
L0632*	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	6 months: ages 0-20; 1 year: ages 21 and older
L0633	Lumbar -sacral orthosis, sagittal-coronal control, with rigid posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older
L0634	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L0635*	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older
L0636*	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L0637*	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older
L0638*	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L0639*	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid plastic and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older
L0640*	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid plastic and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
	<u>Spinal-orthoses</u>	
L0100	Cranial orthosis (helmet), with or without soft interface, molded to patient model	6 months: ages 0-20; 3 years: ages 21 and older
L0110	Cranial orthosis (helmet), with or without soft interface, (helmet) non-molded	6 months: ages 0-20; 3 years: ages 21 and older
L0112*	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	6 months: ages 0-20; 1 year: ages 21 and older
L0120	Cervical, flexible, nonadjustable (foam collar)	6 months: ages 0-20; 1 year: ages 21 and older
L0130	Cervical, flexible, thermoplastic collar, molded to patient	6 months: ages 0-20; 3 years: ages 21 and older
L0140	Cervical, semi-rigid, adjustable (plastic collar)	6 months: ages 0-20; 3 years: ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	6 months: ages 0-20; 2 years: ages 21 and older
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support	6 months: ages 0-20; 3 years: ages 21 and older
L0170*	Cervical, collar, molded to patient model	6 months: ages 0-20; 3 years: ages 21 and older
L0172	Cervical, collar, semi-rigid, thermoplastic foam, two piece	6 months: ages 0-20; 1 year: ages 21 and older
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	6 months: ages 0-20; 1 year: ages 21 and older
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	6 months: ages 0-20; 3 years: ages 21 and older
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)	6 months: ages 0-20; 3 years: ages 21 and older
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	6 months: ages 0-20; 3 years: ages 21 and older
L0210	Thoracic, rib belt	6 months: ages 0-20; 1 year: ages 21 and older
L0220	Thoracic, rib belt, custom fabricated	6 months: ages 0-20; 1 year: ages 21 and older
L0430*	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (dewall posture protector only)	6 months: ages 0-20; 3 years: ages 21 and older
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral discs with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral discs, with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L0454	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral discs, with rigid stays or panel(s), includes shoulder straps, closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L0456*	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L0458*	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps, closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L0460*	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L0462*	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L0464*	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral discs, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures, and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral discs, includes fitting and shaping frame, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L0470*	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral discs, includes fitting and shaping frame, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L0472	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping frame, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L0480*	TLISO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L0482*	TLISO, triplanar control, one piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L0484	TLISO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L0486*	TLISO, triplanar control, two piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L0488*	TLISO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L0490	TLISO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L0700*	CTLISO, anterior-posterior lateral control, molded to patient model (Minerva type)	6 months: ages 0-20; 3 years: ages 21 and older
L0710*	CTLISO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)	6 months: ages 0-20; 3 years: ages 21 and older
L0810*	Halo procedure, cervical halo incorporated into jacket vest	6 months: ages 0-20; 3 years: ages 21 and older
L0820*	Halo procedure, cervical halo incorporated into plaster body jacket	6 months: ages 0-20; 3 years: ages 21 and older
L0830*	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	6 months: ages 0-20; 3 years: ages 21 and older
L0859*	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	6 months: ages 0-20; 3 years: ages 21 and older
L0861	Addition to halo procedure, replacement liner/interface material	2 per 6 month

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L0960	Torso support, post surgical support, pads for post surgical support	6 months: ages 0-20; 3 years: ages 21 and older
L0970	TLSO, corset front	6 months: ages 0-20; 3 years: ages 21 and older
L0972	LSO, corset front	6 months: ages 0-20; 3 years: ages 21 and older
L0974	TLSO, full corset	6 months: ages 0-20; 3 years: ages 21 and older
L0976	LSO, full corset	6 months: ages 0-20; 3 years: ages 21 and older
L0978	Axillary crutch extension	6 months: ages 0-20; 3 years: ages 21 and older
L0980	Peroneal straps, pair	6 months: ages 0-20; 3 years: ages 21 and older
L0982	Stocking supporter grips, set of four (4)	6 months: ages 0-20; 3 years: ages 21 and older
L0984	Protective body sock, each	6 months: ages 0-20; 3 years: ages 21 and older
L0999	Addition to spinal orthosis, not otherwise specified	6 months: ages 0-20; 3 years: ages 21 and older
L1000*	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthosis, including model	6 months: ages 0-20; 3 years: ages 21 and older
	<u>Scoliosis orthoses</u>	
L1005*	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	6 months
L1010	Addition to CTLSO or scoliosis orthosis, axilla sling	6 months
L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad	6 months
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	6 months
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	6 months
L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	6 months
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad	6 months
L1060	Addition to CTLSO or scoliosis orthosis, thoracic pad	6 months
L1070	Addition to CTLSO or scoliosis orthosis, trapezius sling	6 months
L1080	Addition to CTLSO or scoliosis orthosis, outrigger	6 months
L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	6 months
L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling	6 months
L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	6 months
L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	6 months
L1120	Addition to CTLSO or scoliosis orthosis, cover for upright, each	6 months
L1200*	TLSO, inclusive of furnishing initial orthosis only	6 months
L1210	Addition to TLSO (low profile), lateral thoracic extension	6 months
L1220	Addition to TLSO (low profile), anterior thoracic extension	6 months
L1230	Addition to TLSO (low profile), Milwaukee type superstructure	6 months
L1240	Addition to TLSO (low profile), lumbar derotation pad	6 months
L1250	Addition to TLSO (low profile), anterior ASIS pad	6 months
L1260	Addition to TLSO (low profile), anterior thoracic derotation pad	6 months
L1270	Addition to TLSO (low profile), abdominal pad	6 months
L1280	Addition to TLSO (low profile), rib gusset (elastic), each	6 months
L1290	Addition to TLSO (low profile), lateral trochanteric pad	6 months
L1300*	Other scoliosis procedure, body jacket molded to patient model	6 months

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L1310*	Other scoliosis procedure, post-operative body jacket	6 months
L1499*	Spinal orthosis, not otherwise specified	6 months
	<u>Lower limb - hip</u>	
L1500*	THKAO, mobility frame (Newington, Parapodium types)	6 months: ages 0-20; 3 years: ages 21 and older
L1510*	THKAO, standing frame	6 months: ages 0-20; 3 years: ages 21 and older
L1520*	THKAO, swivel walker	6 months: ages 0-20; 3 years: ages 21 and older
L1600	HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1610	HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1620	HO, abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1630	HO, abduction control of hip joints, semi-flexible, (Von Rosen type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1640	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1650	HO, abduction control of hip joints, static, adjustable (Ilfeld type), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1652	HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment, any type	6 months: ages 0-20; 3 years: ages 21 and older
L1660	HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1680*	HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (rancho hip action type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1685*	HO, abduction control of hip joint, post-operative hip abduction type, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1686*	HO, abduction control of hip joint, post-operative hip abduction type, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1690*	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1700*	Legg Perthes orthosis, (Toronto type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1710*	Legg Perthes orthosis, (Newington type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1720	Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1730*	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1750	Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1755*	Legg Perthes orthosis, (Patten bottom type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1800	KO, elastic with stays, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1810	KO, elastic with joints, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1815	KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L1820	KO, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1825	KO, elastic knee cap, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1830	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1832*	KO, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1834	KO, without knee joint, rigid, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1836	KO, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1840*	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1843*	KO, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1844*	KO, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control with or without varus/valgus adjustment, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1845*	KO, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1846*	KO, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1847	KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1850	KO, Swedish type, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1855*	KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1858*	KO, molded plastic, polycentric knee joints, pneumatic knee pads (cti), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1860*	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	6 months: ages 0-20; 3 years: ages 21 and older
L1870*	KO, double upright, thigh and calf lacers, with knee joints, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1880*	KO, double upright, non-molded thigh and calf, with double upright knee joints, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1900	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1901	AFO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	6 months: ages 0-20; 3 years: ages 21 and older
L1902	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1904	AFO, molded ankle gauntlet, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L1906	AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustments	6 months: ages 0-20; 3 years: ages 21 and older
L1907	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1910	AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1920	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1930	AFO, plastic or other material, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1932*	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1940	AFO, plastic or other material, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1945*	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1950	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1951*	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1960	AFO, posterior solid ankle, molded to patient model, plastic, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1970*	AFO, plastic, with ankle joint, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1971	AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar BK orthosis), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar BK orthosis), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2000*	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar AK orthosis), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2005*	KAFO, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fitted	6 months: ages 0-20; 3 years: ages 21 and older
L2010*	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar AK orthosis), without knee joint, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2020*	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar AK orthosis), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2030*	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar AK orthosis), without knee joint, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2034*	KAFO. Full p0lastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2035	KAFO, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L2036*	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2037*	KAFO, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L2038*	KAFO, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2090	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2106*	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L2116*	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L2126*	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2128*	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older
L2132*	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L2134*	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L2136*	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	6 months: ages 0-20; 3 years: ages 21 and older
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	6 months: ages 0-20; 3 years: ages 21 and older
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	6 months: ages 0-20; 3 years: ages 21 and older
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	6 months: ages 0-20; 3 years: ages 21 and older
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	6 months: ages 0-20; 3 years: ages 21 and older
L2190	Addition to lower extremity fracture orthosis, waist belt	6 months: ages 0-20; 3 years: ages 21 and older
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	6 months: ages 0-20; 3 years: ages 21 and older
L2200	Addition to lower extremity, limited ankle motion, each joint	6 months: ages 0-20; 3 years: ages 21 and older
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	6 months: ages 0-20; 3 years: ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L2220	Addition to lower extremity , dorsiflexion and plantar flexion assist/resist, each joint	6 months: ages 0-20; 3 years: ages 21 and older
L2230	Addition to lower extremity, split caliper stirrups and plate attachment	6 months: ages 0-20; 3 years: ages 21 and older
L2232*	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	6 months: ages 0-20; 3 years: ages 21 and older
L2240	Addition to lower extremity, round caliper and plate attachment	6 months: ages 0-20; 3 years: ages 21 and older
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	6 months: ages 0-20; 3 years: ages 21 and older
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	6 months: ages 0-20; 3 years: ages 21 and older
L2265	Addition to lower extremity, long tongue stirrup	6 months: ages 0-20; 3 years: ages 21 and older
L2270	Addition to lower extremity, varus/valgus correction (t) strap, padded/lined or malleolus pad	6 months: ages 0-20; 3 years: ages 21 and older
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	6 months: ages 0-20; 3 years: ages 21 and older
L2280	Addition to lower extremity, molded inner boot	6 months: ages 0-20; 3 years: ages 21 and older
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	6 months: ages 0-20; 3 years: ages 21 and older
L2310	Addition to lower extremity, abduction bar, straight	6 months: ages 0-20; 3 years: ages 21 and older
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	6 months: ages 0-20; 3 years: ages 21 and older
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	6 months: ages 0-20; 3 years: ages 21 and older
L2335	Addition to lower extremity, anterior swing band	6 months: ages 0-20; 3 years: ages 21 and older
L2340	Addition to lower extremity, pretibial shell, molded to patient model	6 months: ages 0-20; 3 years :ages 21 and older
L2350*	Addition to lower extremity, prosthetic type (BK) socket, molded to patient model (used for PTB, AFO orthoses)	6 months: ages 0-20; 3 years: ages 21 and older
L2360	Addition to lower extremity, extended steel shank	6 months: ages 0-20; 3 years: ages 21 and older
L2370	Addition to lower extremity, Patten bottom	6 months: ages 0-20; 3 years: ages 21 and older
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	6 months: ages 0-20; 3 years: ages 21 and older
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	6 months: ages 0-20; 3 years: ages 21 and older
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	6 months: ages 0-20; 3 years: ages 21 and older
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated KAFO, each joint	6 months: ages 0-20; 3 years: ages 21 and older
L2390	Addition to lower extremity, offset knee joint, each joint	6 months: ages 0-20; 3 years: ages 21 and older
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	6 months: ages 0-20; 3 years: ages 21 and older
L2397	Addition to lower extremity, orthosis, suspension sleeve	6 months: ages 0-20; 3 years: ages 21 and older

<u>Code</u>	<u>Description</u>	Lifetime Expectancies and Quantity Limitations
L2405	Addition to knee joint, drop lock, each	6 months: ages 0-20; 3 years: ages 21 and older
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	6 months: ages 0-20; 3 years: ages 21 and older
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	6 months: ages 0-20; 3 years: ages 21 and older
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	6 months: ages 0-20; 3 years: ages 21 and older
L2492	Addition to knee joint, lift loop for drop lock ring	6 months: ages 0-20; 3 years: ages 21 and older
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	6 months: ages 0-20; 3 years: ages 21 and older
L2510*	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	6 months: ages 0-20; 3 years: ages 21 and older
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	6 months: ages 0-20; 3 years: ages 21 and older
L2525*	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	6 months: ages 0-20; 3 years: ages 21 and older
L2526*	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	6 months: ages 0-20; 3 years: ages 21 and older
L2530	Addition to lower extremity, thigh/weight bearing, lacer, non-molded	6 months: ages 0-20; 3 years: ages 21 and older
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	6 months: ages 0-20; 3 years: ages 21 and older
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	6 months: ages 0-20; 3 years: ages 21 and older
L2570	Addition to lower extremity, pelvic control, hip joint, clevis type, two position joint, each	6 months: ages 0-20; 3 years: ages 21 and older
L2580	Addition to lower extremity, pelvic control, pelvic sling	6 months: ages 0-20; 3 years: ages 21 and older
L2600	Addition to lower extremity, pelvic control, hip joint, clevis type, or thrust bearing, free, each	6 months: ages 0-20; 3 years: ages 21 and older
L2610	Addition to lower extremity, pelvic control, hip joint, clevis type or thrust bearing, lock, each	6 months: ages 0-20; 3 years: ages 21 and older
L2620	Addition to lower extremity, pelvic control, hip joint, heavy duty, each	6 months: ages 0-20; 3 years: ages 21 and older
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	6 months: ages 0-20; 3 years: ages 21 and older
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	6 months: ages 0-20; 3 years: ages 21 and older
L2627*	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	6 months: ages 0-20; 3 years: ages 21 and older
L2628*	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	6 months: ages 0-20; 3 years: ages 21 and older
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	6 months: ages 0-20; 1 year: ages 21 and older
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	6 months: ages 0-20; 1 year: ages 21 and older
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	6 months: ages 0-20; 1 year: ages 21 and older
L2660	Addition to lower extremity, thoracic control, thoracic band	6 months: ages 0-20; 1 year: ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	6 months: ages 0-20; 1 year: ages 21 and older
L2680	Addition to lower extremity, thoracic control, lateral support uprights	6 months: ages 0-20; 3 years: ages 21 and older
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	6 months: ages 0-20; 3 years: ages 21 and older
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	6 months: ages 0-20; 3 years: ages 21 and older
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	6 months: ages 0-20; 3 years: ages 21 and older
L2768	Orthotic side bar disconnect device, per bar	6 months: ages 0-20; 3 years: ages 21 and older
L2770	Addition to lower extremity orthosis, any material, per bar or joint	6 months: ages 0-20; 3 years: ages 21 and older
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	6 months: ages 0-20; 3 years: ages 21 and older
L2785	Addition to lower extremity orthosis, drop lock retainer, each	6 months: ages 0-20; 1 year: ages 21 and older
L2795	Addition to lower extremity orthosis, knee control, full knee cap	6 months: ages 0-20; 1 year: ages 21 and older
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	6 months: ages 0-20; 1 year: ages 21 and older
L2810	Addition to lower extremity orthosis, knee control, condylar pad	6 months: ages 0-20; 1 year: ages 21 and older
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	6 months: ages 0-20; 3 years: ages 21 and older
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	6 months: ages 0-20; 3 years: ages 21 and older
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	4 per 6 months: ages 0-20; 4 per 1 year: ages 21 and older
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	4 per 6 months: ages 0-20; 4 per 1 year: ages 21 and older
L2860*	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each	6 months: ages 0-20; 3 years: ages 21 and older
L2999	Lower extremity orthoses, not otherwise specified	6 months: ages 0-20; 3 years: ages 21 and older
	<u>Orthopedic shoes</u>	
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	2 per year
L3001	Foot insert, removable, molded to patient model, Spenco, each	2 per year
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	2 per year
L3003	Foot insert, molded to patient model, silicone gel, each	2 per year
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	2 per year
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	2 per year
L3030	Foot insert, removable, formed to patient foot, each	2 per year
L3040	Foot, arch support, removable, pre-molded, longitudinal, each	2 per year
L3050	Foot, arch support, removable, pre-molded, metatarsal, each	2 per year

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L3060	Foot, arch support, removable, pre-molded, longitudinal/metatarsal, each	2 per year
L3070	Foot, arch support, non-removable, attached to shoe, longitudinal, each	2 per year
L3080	Foot, arch support, non-removable, attached to shoe, metatarsal, each	2 per year
L3090	Foot, arch support, non-removable, attached to shoe, longitudinal/metatarsal, each	2 per year
L3100	Hallus-valgus night dynamic splint	2 per year
L3140	Foot, abduction rotation bar, including shoe(s)	2 per year
L3150	Foot, abduction rotation bar, without shoe(s)	2 per year
L3160	Foot, adjustable shoe-styled positioning device	2 per year
L3170	Foot, plastic, silicone or equal, heel stabilizer, each	2 per year
L3201	Orthopedic shoe, oxford with supinator or pronator, infant	2 per year
L3202	Orthopedic shoe, oxford with supinator or pronator, child	2 per year
L3203	Orthopedic shoe, oxford with supinator or pronator, junior	2 per year
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	2 per year
L3206	Orthopedic shoe, hightop with supinator or pronator, child	2 per year
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	2 per year
L3208	Surgical boot, each, infant	2 per year
L3209	Surgical boot, each, child	2 per year
L3211	Surgical boot, each, junior	2 per year
L3212	Benesch boot, pair, infant	2 per year
L3213	Benesch boot, pair, child	2 per year
L3214	Benesch boot, pair, junior	2 per year
L3215+	Orthopedic footwear, ladies shoe, oxford, each	2 per year
L3216+	Orthopedic footwear, ladies shoe, depth inlay, each	2 per year
L3217+	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	2 per year
L3219+	Orthopedic footwear, mens shoe, oxford, each	2 per year
L3221+	Orthopedic footwear, mens shoe, depth inlay, each	2 per year
L3222+	Orthopedic footwear, mens shoe, hightop, depth inlay, each	2 per year
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)	2 per year
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	2 per year
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoes, each	2 per year
L3251	Foot, shoe molded to patient model, silicone shoe, each	2 per year
L3252	Foot, molded to patient model, Plastazote (or similar), custom fabricated, each	2 per year
L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each	2 per year
L3254	Non-standard size or width	2 per year
L3255	Non-standard size or length	2 per year
L3257	Orthopedic footwear, additional charge for split size	2 per year
L3260	Surgical boot/shoe, each	2 per year
L3265	Plastazote sandal, each	2 per year
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	N/A
L3310	Lift, elevation, heel and sole, neoprene, per inch	N/A
L3320	Lift, elevation, heel and sole, cork, per inch	N/A
L3330	Lift, elevation, metal extension (skate)	N/A
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	N/A
L3334	Lift, elevation, heel, per inch	N/A
L3340	Heel wedge, SACH	2 per year
L3350	Heel wedge	2 per year

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L3360	Sole wedge, outside sole	2 per year
L3370	Sole wedge, between sole	2 per year
L3380	Clubfoot wedge	2 per year
L3390	Outflare wedge	2 per year
L3400	Metatarsal bar wedge, rocker	2 per year
L3410	Metatarsal bar wedge, between sole	2 per year
L3420	Full sole and heel wedge, between sole	2 per year
L3430	Heel, counter, plastic, reinforced	2 per year
L3440	Heel, counter, leather reinforced	2 per year
L3450	Heel, SACH cushion type	2 per year
L3455	Heel, new leather, standard	2 per year
L3460	Heel, new rubber, standard	2 per year
L3465	Heel, Thomas with wedge	2 per year
L3470	Heel, Thomas extended to ball	2 per year
L3480	Heel, pad and depression for spur	2 per year
L3485	Heel, pad, removable for spur	2 per year
L3500	Orthopedic shoe addition, insole, leather	2 per year
L3510	Orthopedic shoe addition, insole, rubber	2 per year
L3520	Orthopedic shoe addition, insole, felt covered with leather	2 per year
L3530	Orthopedic shoe addition, sole, half	2 per year
L3540	Orthopedic shoe addition, sole, full	2 per year
L3550	Orthopedic shoe addition, toe tap, standard	2 per year
L3560	Orthopedic shoe addition, toe tap, horseshoe	2 per year
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	2 per year
L3580	Orthopedic shoe addition, convert instep to Velcro closure	2 per year
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	2 per year
L3595	Orthopedic shoe addition, march bar	2 per year
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	2 per year
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	2 per year
L3620	Transfer of an orthosis from one shoe to another, solid stirrup existing	2 per year
L3630	Transfer of an orthosis from one shoe to another, solid stirrup new	6 months: ages 00-20; 1 year: ages 21 and older
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	6 months: ages 00-20; NOT FOR ADULTS
L3649*	Orthopedic shoe, modification, addition or transfer, NOS	6 months: ages 00-20; 3 years: ages 21 and older
	<u>Upper limb orthoses</u>	
L3650	SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3651	SO, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	6 months: ages 00-20; 1 year: ages 21 and older
L3652	SO, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	6 months: ages 00-20; 1 year: ages 21 and older
L3660	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3670	SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3671*	SO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L3672*	SO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00
L3673*	SO, abduction positioning (airplane design), thoracic component and support bar, without joints, includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00
L3675	SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3677*	SO, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3700	EO, elastic with stays, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3701	EO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	6 months: ages 00-20; 1 year: ages 21 and older
L3702	EO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3710	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3720*	EO, double upright with forearm/arm cuffs, free motion, custom fabricated	6 months: ages 00-20; 3 years: ages 21 and older
L3730*	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	6 months: ages 00-20; 3 years: ages 21 and older
L3740*	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	6 months: ages 00-20; 3 years: ages 21 and older
L3760	EO, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	6 months: ages 00-20; 3 years: ages 21 and older
L3762	EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3763*	EWHO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3764*	EWHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3765*	EWHFO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3766*	EWHFO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3800	WHFO, short opponens, no attachments, custom fabricated	6 months: ages 00-20; 3 years: ages 21 and older
L3805	WHFO, long opponens, no attachments, custom fabricated	6 months: ages 00-20; 3 years: ages 21 and older
L3807	WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type	6 months: ages 00-20; 3 years: ages 21 and older
L3810	WHFO, addition to short and long opponens, thumb abduction (C) bar	6 months: ages 00-20; 3 years: ages 21 and older
L3815	WHFO, addition to short and long opponens, second M.P. abduction assist	6 months: ages 00-20; 3 years: ages 21 and older
L3820	WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop	6 months: ages 00-20; 3 years: ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L3825	WHFO, addition to short and long opponens, M.P. extension stop	6 months: ages 00-20; 3 years: ages 21 and older
L3830	WHFO, addition to short and long opponens, M.P. extension assist	6 months: ages 00-20; 3 years: ages 21 and older
L3835	WHFO, addition to short and long opponens, M.P. spring extension assist	6 months: ages 00-20; 3 years: ages 21 and older
L3840	WHFO, addition to short and long opponens, spring swivel thumb	6 months: ages 00-20; 3 years: ages 21 and older
L3845	WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop	6 months: ages 00-20; 3 years: ages 21 and older
L3850	WHO, addition to short and long opponens, action wrist, with dorsiflexion assist	6 months: ages 00-20; 3 years: ages 21 and older
L3855	WHFO, addition to short and long opponens, adjustable M.P. flexion control	6 months: ages 00-20; 3 years: ages 21 and older
L3860	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	6 months: ages 00-20; 3 years: ages 21 and older
L3890*	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each	6 months: ages 00-20; 3 years: ages 21 and older
L3900*	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	6 months: ages 00-20; 3 years: ages 21 and older
L3901*	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	6 months: ages 00-20; 3 years: ages 21 and older
L3902*	WHFO, external powered, compressed gas, custom fabricated	6 months: ages 00-20; 3 years: ages 21 and older
L3904*	WHFO, external powered, electric, custom fabricated	6 months: ages 00-20; 3 years: ages 21 and older
L3905*	WHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3906	WHO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3907	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated	6 months: ages 00-20; 3 years: ages 21 and older
L3908	WHO, wrist extension control cock-up, non-molded, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3909	WO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	6 months: ages 00-20; 1 year: ages 21 and older
L3910	WHFO, Swanson design, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3911	WHFO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	6 months: ages 00-20; 1 year: ages 21 and older
L3912	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3913	HFO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3914	WHO, wrist extension cock-up, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3916	WHFO, wrist extension cock-up, with outrigger, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3917	HO, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L3918	HFO, knuckle bender, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3919	HO, without joints, may include soft interface, straps, custom fabricated, includes filling and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3920	HFO, knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3921	FO, includes one or more nontorsion joints, may include soft interface, straps, custom fabricated, includes filling and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3922	HFO, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3923	HFO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustments	6 months: ages 00-20; 1 year: ages 21 and older
L3924	WHFO, Oppenheimer, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3926	WHFO, Thomas suspension, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3928	HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3930	WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3932	FO, safety pin, spring wire, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3933	FO, without joints, may include soft interface, straps, custom fabricated, includes filling and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3934	FO, safety pin, modified, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3935	FO, nontorsion joint, may include soft interface, straps, custom fabricated, includes filling and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3936	WHFO, Palmer, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3938	WHFO, dorsal wrist, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3940	WHFO, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3942	HFO, reverse knuckle bender, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3944	HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3946	HFO, composite elastic, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3948	FO, finger knuckle bender, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3950	WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3952	WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3954	HFO, spreading hand, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3956*	Addition of joint to upper extremity orthosis, any material; per joint	6 months: ages 00-20; 1 year: ages 21 and older
L3960*	SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L3961*	SEWHO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3962	SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3964*	SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3965*	SEO, mobile arm support attached to wheelchair, balanced, adjustable rancho type, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3966*	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3967*	SEWHO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3968*	SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3969*	SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3970	SEO, addition to mobile arm support, elevating proximal arm	6 months: ages 00-20; 3 years: ages 21 and older
L3971*	SEWHO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3972	SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	6 months: ages 00-20; 3 years: ages 21 and older
L3973*	SEWHO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3974	SEO, addition to mobile arm support, supinator	6 months: ages 00-20; 3 years: ages 21 and older
L3975*	SEWHFO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3976*	SEWHFO, abduction positioning (airplane design), thoracic component and support bar, without joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3977*	SEWHFO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3978*	SEWHFO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 00-20; 3 years: ages 21 and older
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	6 months: ages 00-20; 1 year: ages 21 and older
L3985	Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated	6 months: ages 00-20; 1 year: ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L3986*	Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example: Colles' fracture), custom fabricated	6 months: ages 00-20; 1 year: ages 21 and older
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	6 months: ages 00-20; 1 year: ages 21 and older
L3999*	Upper limb orthosis, not otherwise specified	6 months: ages 00-20; 3 years: ages 21 and older
	<u>Replace/repair</u>	
L4000*	Replace girdle for spinal orthosis (CTLSO or so)	6 months: ages 00-20; 3 years: ages 21 and older
L4002*	Replacement strap, any orthosis, includes all components, any length, any type	4 per 3 months for ages 00-20; 6 months for 21 and older
L4010*	Replace trilateral socket brim	6 months: ages 00-20; 3 years: ages 21 and older
L4020*	Replace quadrilateral socket brim, molded to patient model	6 months: ages 00-20; 3 years: ages 21 and older
L4030	Replace quadrilateral socket brim, custom fitted	6 months: ages 00-20; 3 years: ages 21 and older
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	6 months: ages 00-20; 3 years: ages 21 and older
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	6 months: ages 00-20; 3 years: ages 21 and older
L4050	Replace molded calf lacer, for custom fabricated orthosis only	6 months: ages 00-20; 3 years: ages 21 and older
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	6 months: ages 00-20; 3 years: ages 21 and older
L4060	Replace high roll cuff	6 months: ages 00-20; 3 years: ages 21 and older
L4070	Replace proximal and distal upright for KAFO	6 months: ages 00-20; 3 years: ages 21 and older
L4080	Replace metal bands KAFO, proximal thigh	6 months: ages 00-20; 3 years: ages 21 and older
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	6 months: ages 00-20; 3 years: ages 21 and older
L4100	Replace leather cuff KAFO, proximal thigh	6 months: ages 00-20; 2 years: ages 21 and older
L4110	Replace leather cuff, KAFO-AFO, calf or distal thigh	6 months: ages 00-20; 2 years: ages 21 and older
L4130	Replace pretibial shell	6 months: ages 00-20; 3 years: ages 21 and older
L4205*	Repair of orthotic device, labor component, per 15 minutes	NA
L4210*	Repair of orthotic device, repair or replace minor parts	NA
	<u>Ancillary orthoses</u>	
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment	1 year
L4360	Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	1 year
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment	1 year
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	1 year
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	1 year
L4392	Replacement soft interface material, static AFO	6 months

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L4394	Replace soft interface material, foot drop splint	6 months
L4396	Static AFO, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment	1 year
L4398	Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment	1 year
	<u>Lower limb prostheses</u>	
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	1 year: ages 00-20; 3 years ages 21 and older
L5010*	Partial foot, molded socket, ankle height, with toe filler	1 year: ages 00-20; 3 years ages 21 and older
L5020*	Partial foot, molded socket, tibial tubercle height, with toe filler	1 year: ages 00-20; 3 years ages 21 and older
L5050*	Ankle, Symes, molded socket, SACH foot	1 year: ages 00-20; 3 years ages 21 and older
L5060*	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	1 year: ages 00-20; 3 years ages 21 and older
L5100*	Below knee, molded socket, shin, SACH foot	1 year: ages 00-20; 3 years ages 21 and older
L5105*	Below knee, plastic socket, joints and thigh lacer, SACH foot	1 year: ages 00-20; 3 years ages 21 and older
L5150*	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	1 year: ages 00-20; 3 years ages 21 and older
L5160*	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	1 year: ages 00-20; 3 years ages 21 and older
L5200*	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	1 year: ages 00-20; 3 years ages 21 and older
L5210*	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	1 year: ages 00-20; 3 years ages 21 and older
L5220*	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	1 year: ages 00-20; 3 years ages 21 and older
L5230*	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	1 year: ages 00-20; 3 years ages 21 and older
L5250*	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	1 year: ages 00-20; 3 years ages 21 and older
L5270*	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	1 year: ages 00-20; 3 years ages 21 and older
L5280	Hemipelvectomy, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot	1 year: ages 00-20; 3 years ages 21 and older
L5301*	Below knee, molded socket, shin, SACH foot, endoskeletal system	1 year: ages 00-20; 3 years ages 21 and older
L5311*	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system	1 year: ages 00-20; 3 years ages 21 and older
L5321*	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	1 year: ages 00-20; 3 years ages 21 and older
L5331*	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	1 year: ages 00-20; 3 years ages 21 and older
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	1 year: ages 00-20; 3 years ages 21 and older
L5400*	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	1 year: ages 00-20; 3 years ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	1 year: ages 00-20; 3 years ages 21 and older
L5420*	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change, AK or knee disarticulation	1 year: ages 00-20; 3 years ages 21 and older
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, includes fitting, alignment, and suspension, AK or knee disarticulation, each additional cast change and realignment	1 year: ages 00-20; 3 years ages 21 and older
L5450	Immediate postsurgical or early fitting, application of non-weight bearing rigid dressing, below knee	1 year: ages 00-20; 3 years ages 21 and older
L5460	Immediate postsurgical or early fitting, application of non-weight bearing rigid dressing, above knee	1 year: ages 00-20; 3 years ages 21 and older
L5500*	Initial, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	1 year: ages 00-20; 3 years ages 21 and older
L5505*	Initial, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed	1 year: ages 00-20; 3 years ages 21 and older
L5510	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	1 year: ages 00-20; 3 years ages 21 and older
L5520	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	1 year: ages 00-20; 3 years ages 21 and older
L5530*	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	1 year: ages 00-20; 3 years ages 21 and older
L5535*	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	1 year: ages 00-20; 3 years ages 21 and older
L5540*	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	1 year: ages 00-20; 3 years ages 21 and older
L5560*	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	1 year: ages 00-20; 3 years ages 21 and older
L5570*	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	1 year: ages 00-20; 3 years ages 21 and older
L5580*	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	1 year: ages 00-20; 3 years ages 21 and older
L5585*	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	1 year: ages 00-20; 3 years ages 21 and older
L5590*	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	1 year: ages 00-20; 3 years ages 21 and older
L5595*	Preparatory, hip disarticulation, hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	1 year: ages 00-20; 3 years ages 21 and older
L5600*	Preparatory, hip disarticulation, hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	1 year: ages 00-20; 3 years ages 21 and older
L5610*	Addition to lower extremity, endoskeletal system, above knee, hydracadence system (k3 or above)	1 year: ages 00-20; 3 years ages 21 and older
L5611*	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with friction swing phase control	1 year: ages 00-20; 3 years ages 21 and older
L5613*	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, hydraulic swing phase control	1 year: ages 00-20; 3 years ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L5614*	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4-bar linkage with pneumatic swing phase control	1 year: ages 00-20; 3 years ages 21 and older
L5616*	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	1 year: ages 00-20; 3 years ages 21 and older
L5617	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	1 year: ages 00-20; 3 years ages 21 and older
L5618	Addition to lower extremity, test socket, Symes	1 year: ages 00-20; 3 years ages 21 and older
L5620	Addition to lower extremity, test socket, below knee	1 year: ages 00-20; 3 years ages 21 and older
L5622	Addition to lower extremity, test socket, knee disarticulation	1 year: ages 00-20; 3 years ages 21 and older
L5624	Addition to lower extremity, test socket, above knee	1 year: ages 00-20; 3 years ages 21 and older
L5626	Addition to lower extremity, test socket, hip disarticulation	1 year: ages 00-20; 3 years ages 21 and older
L5628	Addition to lower extremity, test socket, hemipelvectomy	1 year: ages 00-20; 3 years ages 21 and older
L5629	Addition to lower extremity, below knee, acrylic socket	1 year: ages 00-20; 3 years ages 21 and older
L5630	Addition to lower extremity, Symes type, expandable wall socket	1 year: ages 00-20; 3 years ages 21 and older
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	1 year: ages 00-20; 3 years ages 21 and older
L5632	Addition to lower extremity, Symes type, PTB brim design socket	1 year: ages 00-20; 3 years ages 21 and older
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	1 year: ages 00-20; 3 years ages 21 and older
L5636	Addition to lower extremity, Symes type, medial opening socket	1 year: ages 00-20; 3 years ages 21 and older
L5637	Addition to lower extremity, below knee, total contact	1 year: ages 00-20; 3 years ages 21 and older
L5638	Addition to lower extremity, below knee, leather socket	1 year: ages 00-20; 3 years ages 21 and older
L5639*	Addition to lower extremity, below knee, wood socket	1 year: ages 00-20; 3 years ages 21 and older
L5640*	Addition to lower extremity, knee disarticulation, with leather socket	1 year: ages 00-20; 3 years ages 21 and older
L5642*	Addition to lower extremity, above knee, leather socket	1 year: ages 00-20; 3 years ages 21 and older
L5643*	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	1 year: ages 00-20; 3 years ages 21 and older
L5644	Addition to lower extremity, above knee, wood socket	1 year: ages 00-20; 3 years ages 21 and older
L5645*	Addition to lower extremity, below knee, flexible inner socket, external frame	1 year: ages 00-20; 3 years ages 21 and older
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	1 year: ages 00-20; 3 years ages 21 and older
L5647*	Addition to lower extremity, below knee, suction socket	1 year: ages 00-20; 3 years ages 21 and older
L5648*	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	1 year: ages 00-20; 3 years ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L5649*	Addition to lower extremity, ischial containment/narrow m-l socket	1 year: ages 00-20; 3 years ages 21 and older
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	1 year: ages 00-20; 3 years ages 21 and older
L5651*	Addition to lower extremity, above knee, flexible inner socket, external frame	1 year: ages 00-20; 3 years ages 21 and older
L5652*	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	1 year: ages 00-20; 3 years ages 21 and older
L5653	Addition to lower extremity, knee disarticulation, expandable wall	1 year: ages 00-20; 3 years ages 21 and older
L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	1 year: ages 00-20; 3 years ages 21 and older
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	1 year: ages 00-20; 3 years ages 21 and older
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	1 year: ages 00-20; 3 years ages 21 and older
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	1 year: ages 00-20; 3 years ages 21 and older
L5661	Addition to lower extremity, socket insert, multi-durometer, Symes	1 year: ages 00-20; 3 years ages 21 and older
L5665	Addition to lower extremity, socket insert, multi-durometer, below knee	1 year: ages 00-20; 3 years ages 21 and older
L5666	Addition to lower extremity, below knee, cuff suspension	1 year: ages 00-20; 3 years ages 21 and older
L5668	Addition to lower extremity, below knee, molded distal cushion	6 months
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)	1 year: ages 00-20; 3 years ages 21 and older
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism, (shuttle, lanyard or equal), excludes socket insert	1 year: ages 00-20; 3 years ages 21 and older
L5672	Addition to lower extremity, below knee, removable medial brim suspension	1 year: ages 00-20; 3 years ages 21 and older
L5673*	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	2 per 6 months
L5676	Addition to lower extremity, below knee, knee joints, single axis, pair	1 year: ages 00-20; 3 years ages 21 and older
L5677	Addition to lower extremity, below knee, knee joints, polycentric, pair	1 year: ages 00-20; 3 years ages 21 and older
L5678	Addition to lower extremity, below knee joint covers, pair	2 per year
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	2 per 6 months
L5680	Addition to lower extremity, below knee, thigh lacer, non-molded	1 year: ages 00-20; 3 years ages 21 and older
L5681*	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	2 per year: ages 00-20; 1 year ages 21 and older
L5682*	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	1 year: ages 00-20; 3 years ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L5683*	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	2 per year: ages 00-20; 1 year ages 21 and older
L5684	Addition to lower extremity, below knee, fork strap	6 months: ages 00-20; 1 year ages 21 and older
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	2 per 6 months
L5686	Addition to lower extremity, below knee, back check (extension control)	1 year: ages 00-20; 3 years ages 21 and older
L5688	Addition to lower extremity, below knee, waist belt, webbing	1 year: ages 00-20; 3 years ages 21 and older
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	1 year: ages 00-20; 3 years ages 21 and older
L5692	Addition to lower extremity, above knee, pelvic control belt, light	1 year: ages 00-20; 3 years ages 21 and older
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	1 year: ages 00-20; 3 years ages 21 and older
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	1 year: ages 00-20; 3 years ages 21 and older
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	1 year: ages 00-20; 3 years ages 21 and older
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	1 year: ages 00-20; 3 years ages 21 and older
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	6 months: ages 00-20; 3 years ages 21 and older
L5699	All lower extremity prostheses, shoulder harness	1 per year
L5700*	Replacement, socket, below knee, molded to patient model	6 months
L5701*	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	6 months
L5702*	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	6 months
L5703*	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	6 months
L5704	Custom shaped protective cover, below knee	6 months
L5705*	Custom shaped protective cover, above knee	6 months
L5706*	Custom shaped protective cover, knee disarticulation	6 months
L5707*	Custom shaped protective cover, hip disarticulation	6 months
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	1 year: ages 00-20; 3 years ages 21 and older
L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	1 year: ages 00-20; 3 years ages 21 and older
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	1 year: ages 00-20; 3 years ages 21 and older
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	1 year: ages 00-20; 3 years ages 21 and older
L5716*	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	1 year: ages 00-20; 3 years ages 21 and older
L5718*	Addition, exoskeletal knee-shin system, single axis, polycentric, friction swing and stance phase control	1 year: ages 00-20; 3 years ages 21 and older
L5722*	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	1 year: ages 00-20; 3 years ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L5724*	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	1 year: ages 00-20; 3 years ages 21 and older
L5726*	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase	1 year: ages 00-20; 3 years ages 21 and older
L5728*	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	1 year: ages 00-20; 3 years ages 21 and older
L5780*	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	1 year: ages 00-20; 3 years ages 21 and older
L5781*	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	3 years
L5782*	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	3 years
L5785*	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 00-20; 3 years ages 21 and older
L5790*	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 00-20; 3 years ages 21 and older
L5795*	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 00-20; 3 years ages 21 and older
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	1 year: ages 00-20; 3 years ages 21 and older
L5811*	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	1 year: ages 00-20; 3 years ages 21 and older
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	1 year: ages 00-20; 3 years ages 21 and older
L5814*	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	1 year: ages 00-20; 3 years ages 21 and older
L5816*	Addition, endoskeletal knee-shin system, single axis, mechanical stance phase lock	1 year: ages 00-20; 3 years ages 21 and older
L5818*	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	3 years
L5822*	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	1 year: ages 00-20; 3 years ages 21 and older
L5824*	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	1 year: ages 00-20; 3 years ages 21 and older
L5826*	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	3 years
L5828*	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	3 years
L5830*	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	1 year: ages 00-20; 3 years ages 21 and older
L5840*	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	1 year: ages 00-20; 3 years ages 21 and older
L5845*	Addition, endoskeletal knee shin system, stance flexion feature, adjustable	1 year: ages 00-20; 3 years ages 21 and older
L5848*	Addition to endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, with or without adjustability	1 year: ages 00-20; 3 years ages 21 and older
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	1 year: ages 00-20; 3 years ages 21 and older
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	1 year: ages 00-20; 3 years ages 21 and older
L5910	Addition, endoskeletal system, below knee, alignable system	1 year: ages 00-20; 3 years ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	1 year: ages 00-20; 3 years ages 21 and older
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	1 year: ages 00-20; 3 years ages 21 and older
L5930*	Addition, endoskeletal system, high activity knee control frame	1 year: ages 00-20; 3 years ages 21 and older
L5940*	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 00-20; 3 years ages 21 and older
L5950*	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 00-20; 3 years ages 21 and older
L5960*	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 00-20; 3 years ages 21 and older
L5962*	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	1 year: ages 00-20; 3 years ages 21 and older
L5964*	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	1 year: ages 00-20; 3 years ages 21 and older
L5966*	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	1 year: ages 00-20; 3 years ages 21 and older
L5968*	Addition to lower limb prosthesis, multi-axial ankle with swing phase active dorsiflexion feature	1 year: ages 00-20; 3 years ages 21 and older
L5970	All lower extremity prostheses, foot, external keel, SACH foot	1 year: ages 00-20; 3 years ages 21 and older
L5971	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only	1 year: ages 00-20; 3 years ages 21 and older
L5972	All lower extremity prostheses, flexible keel foot (safe, sten, Bock dynamic or equal)	1 year: ages 00-20; 3 years ages 21 and older
L5974	All lower extremity prostheses, foot, single axis ankle/foot	1 year: ages 00-20; 3 years ages 21 and older
L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot	1 year: ages 00-20; 3 years ages 21 and older
L5976	All lower extremity prostheses, energy storing foot (seattle, carbon copy ii or equal)	1 year: ages 00-20; 3 years ages 21 and older
L5978	All lower extremity prostheses, foot, multi-axial ankle/foot	1 year: ages 00-20; 3 years ages 21 and older
L5979*	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	1 year: ages 00-20; 3 years ages 21 and older
L5980*	All lower extremity prostheses, flex foot system	1 year: ages 00-20; 3 years ages 21 and older
L5981*	All lower extremity prostheses, flex-walk system or equal	1 year: ages 00-20; 3 years ages 21 and older
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	1 year: ages 00-20; 3 years ages 21 and older
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	1 year: ages 00-20; 3 years ages 21 and older
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	1 year: ages 00-20; 3 years ages 21 and older
L5986*	All lower extremity prostheses, multi-axial rotation unit (mcp or equal)	1 year: ages 00-20; 3 years ages 21 and older
L5987*	All lower extremity prosthesis, shank foot system with vertical loading pylon	1 year: ages 00-20; 3 years ages 21 and older
L5988*	Addition to lower limb prosthesis, vertical shock reducing pylon feature	1 year: ages 00-20; 3 years ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L5990*	Addition to lower extremity prosthesis, user adjustable heel height	1 year: ages 00-20; 3 years ages 21 and older
L5995*	Addition to lower extremity prosthesis heavy duty feature (for patient weight less than 300lbs)	1 year: ages 00-20; 3 years ages 21 and older
L5999*	Lower extremity prosthesis, not otherwise specified	1 year: ages 00-20; 3 years ages 21 and older
	<u>Upper limb prostheses</u>	
L6000*	Partial hand, Robin-Aids, thumb remaining (or equal)	1 year: ages 00-20; 3 years ages 21 and older
L6010*	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	1 year: ages 00-20; 3 years ages 21 and older
L6020*	Partial hand, Robin-Aids, no finger remaining (or equal)	1 year: ages 00-20; 3 years ages 21 and older
L6050*	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	1 year: ages 00-20; 3 years ages 21 and older
L6055*	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	1 year: ages 00-20; 3 years ages 21 and older
L6100*	Below elbow, molded socket, flexible elbow hinge, triceps pad	1 year: ages 00-20; 3 years ages 21 and older
L6110*	Below elbow, molded socket (muenster or northwestern suspension types)	1 year: ages 00-20; 3 years ages 21 and older
L6120*	Below elbow, molded double wall split socket, step-up hinges, half cuff	1 year: ages 00-20; 3 years ages 21 and older
L6130*	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	1 year: ages 00-20; 3 years ages 21 and older
L6200*	Elbow disarticulation, molded socket, outside locking hinge, forearm	1 year: ages 00-20; 3 years ages 21 and older
L6205*	Elbow disarticulation, molded socket with expandable interface, outside locking hinge, forearm	1 year: ages 00-20; 3 years ages 21 and older
L6250*	Above elbow, molded double wall socket, internal locking elbow, forearm	1 year: ages 00-20; 3 years ages 21 and older
L6300*	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	1 year: ages 00-20; 3 years ages 21 and older
L6310*	Shoulder disarticulation, passive restoration (complete prosthesis)	1 year: ages 00-20; 3 years ages 21 and older
L6320*	Shoulder disarticulation, passive restoration (shoulder cap only)	1 year: ages 00-20; 3 years ages 21 and older
L6350*	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	1 year: ages 00-20; 3 years ages 21 and older
L6360*	Interscapular thoracic, passive restoration (complete prosthesis)	1 year: ages 00-20; 3 years ages 21 and older
L6370*	Interscapular thoracic, passive restoration (shoulder cap only)	1 year: ages 00-20; 3 years ages 21 and older
L6380*	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	1 year: ages 00-20; 3 years ages 21 and older
L6382*	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	1 year: ages 00-20; 3 years ages 21 and older
L6384*	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	1 year: ages 00-20; 3 years ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment	1 year: ages 00-20; 3 years ages 21 and older
L6388	Immediate postsurgical or early fitting, application of rigid dressing only	1 year: ages 00-20; 3 years ages 21 and older
L6400*	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 year: ages 00-20; 3 years ages 21 and older
L6450*	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 year: ages 00-20; 3 years ages 21 and older
L6500*	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 year: ages 00-20; 3 years ages 21 and older
L6550*	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 year: ages 00-20; 3 years ages 21 and older
L6570*	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 year: ages 00-20; 3 years ages 21 and older
L6580*	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges figure of eight harness, humeral cuff, bowden cable control, usmc or equal pylon, no cover, molded to patient model	1 year: ages 00-20; 3 years ages 21 and older
L6582*	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure eight harness, humeral cuff, bowden cable control, usmc or equal pylon, no cover, direct formed	1 year: ages 00-20; 3 years ages 21 and older
L6584*	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, usmc or equal pylon, no cover, molded to patient model	1 year: ages 00-20; 3 years ages 21 and older
L6586*	Preparatory, elbow disarticulation or above elbow, single wall socket friction wrist, locking elbow, figure of eight harness, fair lead cable control, usmc or equal pylon, no cover, direct formed	1 year: ages 00-20; 3 years ages 21 and older
L6588*	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, molded to patient model	1 year: ages 00-20; 3 years ages 21 and older
L6590*	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist chest strap, fair lead cable control, usmc or equal pylon, no cover, direct formed	1 year: ages 00-20; 3 years ages 21 and older
L6600	Upper extremity additions, polycentric hinge, pair	1 year: ages 00-20; 3 years ages 21 and older
L6605	Upper extremity additions, single pivot hinge, pair	1 year: ages 00-20; 3 years ages 21 and older
L6610	Upper extremity additions, flexible metal hinge, pair	1 year: ages 00-20; 3 years ages 21 and older
L6615	Upper extremity addition, disconnect locking wrist unit	1 year: ages 00-20; 3 years ages 21 and older
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	1 year: ages 00-20; 3 years ages 21 and older
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	1 year: ages 00-20; 3 years ages 21 and older
L6623*	Upper extremity addition, spring assisted rotational wrist unit with latch release	1 year: ages 00-20; 3 years ages 21 and older
L6625	Upper extremity addition, rotation wrist unit with cable lock	1 year: ages 00-20; 3 years ages 21 and older
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	1 year: ages 00-20; 3 years ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	1 year: ages 00-20; 3 years ages 21 and older
L6630	Upper extremity addition, stainless steel, any wrist	1 year: ages 00-20; 3 years ages 21 and older
L6632	Upper extremity addition, latex suspension sleeve, each	1 year: ages 00-20; 3 years ages 21 and older
L6635	Upper extremity addition, lift assist for elbow	1 year: ages 00-20; 3 years ages 21 and older
L6637	Upper extremity addition, nudge control elbow lock	1 year: ages 00-20; 3 years ages 21 and older
L6638*	Upper extremity addition to prosthesis, electric locking feature only for use with manually powered elbow	1 year: ages 00-20; 3 years ages 21 and older
L6640	Upper extremity additions shoulder abduction joint, pair	1 year: ages 00-20; 3 years ages 21 and older
L6641	Upper extremity addition, excursion amplifier, pulley type	1 year: ages 00-20; 3 years ages 21 and older
L6642	Upper extremity addition, excursion amplifier, lever type	1 year: ages 00-20; 3 years ages 21 and older
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	1 year: ages 00-20; 3 years ages 21 and older
L6646*	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	1 year: ages 00-20; 3 years ages 21 and older
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	1 year: ages 00-20; 3 years ages 21 and older
L6650	Upper extremity addition, shoulder universal joint, each	1 year: ages 00-20; 3 years ages 21 and older
L6655	Upper extremity addition, standard control cable, extra	1 year: ages 00-20; 3 years ages 21 and older
L6660	Upper extremity addition, heavy duty control cable	1 year: ages 00-20; 3 years ages 21 and older
L6665	Upper extremity addition, teflon, or equal, cable lining	1 year: ages 00-20; 3 years ages 21 and older
L6670	Upper extremity addition, hook to hand, cable adapter	1 year: ages 00-20; 3 years ages 21 and older
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	1 year: ages 00-20; 3 years ages 21 and older
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	1 year: ages 00-20; 3 years ages 21 and older
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	1 year: ages 00-20; 3 years ages 21 and older
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	1 year: ages 00-20; 3 years ages 21 and older
L6682	Upper extremity addition, test socket, elbow disarticulation or below elbow	1 year: ages 00-20; 3 years ages 21 and older
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	1 year: ages 00-20; 3 years ages 21 and older
L6686*	Upper extremity addition, suction socket	1 year: ages 00-20; 3 years ages 21 and older
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	1 year: ages 00-20; 3 years ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	1 year: ages 00-20; 3 years ages 21 and older
L6689*	Upper extremity addition, frame type socket, shoulder disarticulation	1 year: ages 00-20; 3 years ages 21 and older
L6690*	Upper extremity addition, frame type socket, interscapular-thoracic	1 year: ages 00-20; 3 years ages 21 and older
L6691	Upper extremity addition, removable insert, each	1 year: ages 00-20; 3 years ages 21 and older
L6692	Upper extremity addition, silicone gel insert or equal, each	1 year: ages 00-20; 3 years ages 21 and older
L6693*	Upper extremity addition, locking elbow, forearm counterbalance	1 year: ages 00-20; 3 years ages 21 and older
L6694*	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	2 per 6 months
L6695*	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	2 per 6 months
L6696*	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l6694 or l6695)	2 per year: ages 00-20; 1 year ages 21 and older
L6697*	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l6694 or l6695)	2 per year: ages 00-20; 1 year ages 21 and older
L6698*	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	1 year: ages 00-20; 3 years ages 21 and older
L6700	Terminal device, hook, Dorrance or equal, model #3	1 year: ages 00-20; 3 years ages 21 and older
L6705	Terminal device, hook, Dorrance or equal, model #5	1 year: ages 00-20; 3 years ages 21 and older
L6710	Terminal device, hook, Dorrance or equal, model #5X	1 year: ages 00-20; 3 years ages 21 and older
L6715	Terminal device, hook, Dorrance or equal, model #5XA	1 year: ages 00-20; 3 years ages 21 and older
L6720*	Terminal device, hook, Dorrance or equal, model #6	1 year: ages 00-20; 3 years ages 21 and older
L6725	Terminal device, hook, Dorrance or equal, model #7	1 year: ages 00-20; 3 years ages 21 and older
L6730*	Terminal device, hook, Dorrance or equal, model #7LO	1 year: ages 00-20; 3 years ages 21 and older
L6735	Terminal device, hook, Dorrance or equal, model #8	1 year: ages 00-20; 3 years ages 21 and older
L6740	Terminal device, hook, Dorrance or equal, model #8X	1 year: ages 00-20; 3 years ages 21 and older
L6745	Terminal device, hook, Dorrance or equal, model #88X	1 year: ages 00-20; 3 years ages 21 and older
L6750	Terminal device, hook, Dorrance or equal, model #10P	1 year: ages 00-20; 3 years ages 21 and older
L6755	Terminal device, hook, Dorrance or equal, model #10X	1 year: ages 00-20; 3 years ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L6765	Terminal device, hook, Dorrance or equal, model #12P	1 year: ages 00-20; 3 years ages 21 and older
L6770	Terminal device, hook, Dorrance or equal, model #99X	1 year: ages 00-20; 3 years ages 21 and older
L6775	Terminal device, hook, Dorrance or equal, model #555	1 year: ages 00-20; 3 years ages 21 and older
L6780	Terminal device, hook, Dorrance or equal, model #SS555	1 year: ages 00-20; 3 years ages 21 and older
L6790	Terminal device, hook, Accu hook, or equal	1 year: ages 00-20; 3 years ages 21 and older
L6795*	Terminal device, hook, 2 load or equal	1 year: ages 00-20; 3 years ages 21 and older
L6800*	Terminal device, hook APRL VC, or equal	1 year: ages 00-20; 3 years ages 21 and older
L6805	Terminal device, modifier wrist flexion unit	1 year: ages 00-20; 3 years ages 21 and older
L6806*	Terminal device, hook, TRS Grip, Grip III, VC, or equal	1 year: ages 00-20; 3 years ages 21 and older
L6807*	Terminal device, hook, Grip I, Grip II, VC, or equal	1 year: ages 00-20; 3 years ages 21 and older
L6808	Terminal device, hook, TRS adept, infant or child, VC or equal	1 year: ages 00-20; 3 years ages 21 and older
L6809	Terminal device, hook, TRS super sport, passive	1 year: ages 00-20; 3 years ages 21 and older
L6810	Terminal device, pincher tool, Otto Bock or equal	1 year: ages 00-20; 3 years ages 21 and older
L6825*	Terminal device, hand, Dorrance, VO	1 year: ages 00-20; 3 years ages 21 and older
L6830*	Terminal device, hand, APRL, VC	1 year: ages 00-20; 3 years ages 21 and older
L6835*	Terminal device, hand Sierra, VO	1 year: ages 00-20; 3 years ages 21 and older
L6840*	Terminal device, hand, Becker Imperial	1 year: ages 00-20; 3 years ages 21 and older
L6845*	Terminal device, hand, Becker Lock Grip	1 year: ages 00-20; 3 years ages 21 and older
L6850*	Terminal device, hand, Becker Plylite	1 year: ages 00-20; 3 years ages 21 and older
L6855*	Terminal device, hand, Robin-Aids, VO	1 year: ages 00-20; 3 years ages 21 and older
L6860*	Terminal device, hand, Robin-Aids, VO soft	1 year: ages 00-20; 3 years ages 21 and older
L6865	Terminal device, hand, passive hand	1 year: ages 00-20; 3 years ages 21 and older
L6867*	Terminal device, hand, Detroit infant hand (mechanical)	1 year: ages 00-20; 3 years ages 21 and older
L6868	Terminal device, hand, passive infant hand, Steeper, Hosmer or equal	1 year: ages 00-20; 3 years ages 21 and older
L6870	Terminal device, hand, child mitt	1 year: ages 00-20; 3 years ages 21 and older
L6872*	Terminal device, hand, NYU child hand	1 year: ages 00-20; 3 years ages 21 and older

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
L6873	Terminal device, hand, mechanical infant hand, Steeper or equal	1 year: ages 00-20; 3 years ages 21 and older
L6875*	Terminal device, hand, Bock, VC	1 year: ages 00-20; 3 years ages 21 and older
L6880	Terminal device, hand, Bock, VO	1 year: ages 00-20; 3 years ages 21 and older
L6883*	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	6 months
L6884*	Replacement socket, above disarticulation, molded to patient model, for use with or without external power	6 months
L6885*	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	6 months
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	6 months
L6900*	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	1 year: ages 00-20; 3 years ages 21 and older
L6905*	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	1 year: ages 00-20; 3 years ages 21 and older
L6910*	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	1 year: ages 00-20; 3 years ages 21 and older
L6915*	Hand restoration (shading and measurements included), replacement glove for above	1 year: ages 00-20; 3 years ages 21 and older
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	1 year: ages 00-20; 3 years ages 21 and older
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	1 year: ages 00-20; 3 years ages 21 and older
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	1 year: ages 00-20; 3 years ages 21 and older
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	1 year: ages 00-20; 3 years ages 21 and older
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	1 year: ages 00-20; 3 years ages 21 and older
L7405*	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	1 year: ages 00-20; 3 years ages 21 and older
L7499*	Upper extremity prosthesis, not otherwise specified	1 year: ages 00-20; 3 years ages 21 and older
L7510*	Repair prosthetic device, repair or replace minor parts	NA
L7520*	Repair of prosthetic device, labor component, per 15 minutes	NA
L7600	Prosthetic donning sleeve, any material, each	4 per year
	<u>Elastic supports</u>	
A6530	Gradient compression stocking, below knee, 18-30 mmHg, each	4 per year
A6531	Gradient compression stocking, below knee, 30-40 mmHg, each	4 per year
A6532	Gradient compression stocking, below knee, 40-50 mmHg, each	4 per year
A6533	Gradient compression stocking, thigh length, 18-30 mmHg, each	4 per year
A6534	Gradient compression stocking, thigh length, 30-40 mmHg, each	4 per year
A6535	Gradient compression stocking, thigh length, 40-50 mmHg, each	4 per year
A6536	Gradient compression stocking, full length/chap style, 18-30 mmHg, each	4 per year
A6537	Gradient compression stocking, full length/chap style, 30-40 mmHg, each	4 per year
A6538	Gradient compression stocking, full length/chap style, 40-50 mmHg, each	4 per year
A6539	Gradient compression stocking, waist length, 18-30 mmHg, each	4 per year
A6540	Gradient compression stocking, waist length, 30-40 mmHg, each	4 per year

<u>Code</u>	<u>Description</u>	<u>Lifetime Expectancies and Quantity Limitations</u>
A6541	Gradient compression stocking, waist length, 40-50 mmHg, each	4 per year
A6542	Gradient compression stocking, custom made	4 per year
A6543	Gradient compression stocking, lymphedema	4 per year
A6544	Gradient compression stocking, garter belt	4 per year
A6549*	Gradient compression stocking, not otherwise specified	4 per year
	<u>Trusses</u>	
L8300	Truss, single with standard pad	2 per year
L8310	Truss, double with standard pads	2 per year
L8320	Truss, addition to standard pad, water pad	2 per year
L8330	Truss, addition to standard pad, scrotal pad	2 per year
	<u>Prosthetic socks</u>	
L8400	Prosthetic sheath, below knee, each	12 per year
L8410	Prosthetic sheath, above knee, each	12 per year
L8415	Prosthetic sheath, upper limb, each	12 per year
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	6 per year
L8420	Prosthetic sock, multiple ply, below knee, each	6 per year
L8430	Prosthetic sock, multiple ply, above knee, each	6 per year
L8435	Prosthetic sock, multiple ply, upper limb, each	6 per year
L8440	Prosthetic shrinker, below knee, each	4 per year
L8460	Prosthetic shrinker, above knee, each	4 per year
L8465	Prosthetic shrinker, upper limb, each	4 per year
L8470	Prosthetic sock, single ply, fitting, below knee, each	12 per year
L8480	Prosthetic sock, single ply, fitting, above knee, each	12 per year
L8485	Prosthetic sock, single ply, fitting, upper limb, each	12 per year
L8499*	Unlisted procedure for miscellaneous prosthetic services	NA
	<u>External breast prostheses</u>	
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	1 package of 5 per month
L8000	Breast prosthesis, mastectomy bra	6 per year
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	2 per 6 months
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	2 per 6 months
L8010	Breast prosthesis, mastectomy sleeve	1 year
L8015	Breast prosthesis garment, with mastectomy form, post-mastectomy	2 per 6 months with max. limit of 6 per lifetime
L8020	Breast prosthesis, mastectomy form	2 per year
L8030	Breast prosthesis, silicone or equal	2 years
	<u>Ocular prostheses</u>	
V2623*	Prosthetic eye, plastic, custom	2 years: ages 00-20; 5 years: ages 21 and older
V2624*	Polishing/resurfacing of ocular prosthesis	2 per year
V2625	Enlargement of ocular prosthesis	2 years: ages 00-20; 5 years: ages 21 and older
V2626	Reduction of ocular prosthesis	2 years: ages 00-20; 5 years: ages 21 and older
V2627*	Scleral cover shell	2 years: ages 00-20; 5 years: ages 21 and older

<u>Code</u>	<u>Description</u>	Lifetime Expectancies and Quantity Limitations
V2628	Fabrication and fitting of ocular conformer	2 years: ages 00-20; 5 years: ages 21 and older

HCPCS codes with an asterisk (*) indicate that the item requires prior approval.

HCPCS codes with a plus sign (+) indicate that the item requires prior approval for recipients ages 21 and older.

BOLD print indicates that the item is covered by Medicare.

Attachment E: Frequently Asked Questions

The following includes some of the common questions about providing Orthotic and Prosthetic devices and the answers to those questions.

1. How long does prior approval take?

It usually takes five workdays from the date of receipt to mail back a prior approval request.

2. Can I choose to supply only certain items or do I have to supply all covered items if I want to be an enrolled supplier?

You do not have to supply all covered items to be enrolled.

3. Do I have to have a CMN/PA form if the item does not require prior approval?

Yes, you must have a completed form with the physician's, physician assistant's, or nurse practitioner's signature for every item that you bill to Medicaid.

4. Where do I get CMN/PA forms?

Contact EDS at 1-800-688-6696 or 919-851-8888.

5. How do I get updated fee schedules?

Fee schedules can be obtained by completing a Fee Schedule Request form and submitting it to DMA by fax at the number listed on the form. The form is available on DMA's website at <http://www.dhhs.state.nc.us/dma>.

6. Can I get prior approval by telephone in emergency situations?

Prior approval by phone is available for only emergency service and repairs to orthotics and prosthetics. Refer to **Section 5.7, Servicing and Repairing Orthotics and Prosthetics**.

Attachment F: Provider Certification Requirements

This chart indicates the level of board certified provider required for each orthotic and prosthetic HCPCS code. The following board certified providers may be reimbursed for orthotic and prosthetic service:

CO indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Certified Orthotist or Board for Orthotist/Prosthetist Certification (BOC)-Certified Orthotist

CP indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Certified Prosthetist or Board for Orthotist/Prosthetist Certification (BOC)-Certified Prosthetist

CPO indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Certified Prosthetist/Orthotist or Board for Orthotist/Prosthetist Certification (BOC)-Certified Prosthetist/Orthotist

CPed indicates Board for Certification in Pedorthics (BCP)-Certified Pedorthist

BCO indicates National Examining Board of Ocularists or Board for Certification in Clinical Anaplastology-Certified Ocularists

RFO indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Registered Fitter-Orthotics

COF indicates Board for Orthotist/Prosthetist Certification (BOC)-Certified Orthotic Fitter

RFM indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Registered Fitter-Mastectomy

CMF indicates Board for Orthotist/Prosthetist Certification (BOC)-Certified Mastectomy Fitter

RFOM indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Registered Fitter-Orthotics Mastectomy

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
A5500*	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	CO, CP, CPO, CPed
A5501*	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot, (custom molded shoe), per shoe	CO, CP, CPO, CPed
A5503*	For diabetics only, modification (including fitting) of off-the-shelf depth inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	CO, CP, CPO, CPed
A5504*	For diabetics only, modification (including fitting) of off-the-shelf depth inlay shoe or custom molded shoe with wedge(s), per shoe	CO, CP, CPO, CPed
A5505*	For diabetics only, modification (including fitting) of off-the-shelf depth inlay shoe or custom molded shoe with metatarsal bar, per shoe	CO, CP, CPO, CPed
A5506*	For diabetics only, modification (including fitting) of off-the-shelf depth inlay shoe or custom molded shoe with off-set heel(s), per shoe	CO, CP, CPO, CPed

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
A5507*	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth inlay shoe or custom-molded shoe, per shoe	CO, CP, CPO, CPed
A5512*	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore	CO, CP, CPO, CPed
A5513*	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each	CO, CP, CPO, CPed
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	CO, CPO
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	CO, CPO
L0623	Sacroiliac orthosis, provides pelvic sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	CO, CPO
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	CO, CPO
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment	CO, CPO
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	CO, CPO
L0627	Lumbar orthosis, sagittal control, rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	CO, CPO
L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	CO, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	CO, CPO
L0630	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	CO, CPO
L0631*	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	CO, CPO
L0632*	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	CO, CPO
L0633	Lumbar -sacral orthosis, sagittal-coronal control, with rigid posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	CO, CPO
L0634	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	CO, CPO
L0635*	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	CO, CPO
L0636*	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	CO, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L0637*	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	CO, CPO
L0638*	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	CO, CPO
L0639*	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid plastic and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	CO, CPO
L0640*	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid plastic and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	CO, CPO
	<u>Spinal orthoses</u>	
L0100	Cranial orthosis (helmet), with or without soft interface, molded to patient model	CO, CPO
L0110	Cranial orthosis (helmet), with or without soft interface, non-molded	CO, CPO, RFO, COF, RFOM
L0112*	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	CO, CPO
L0120	Cervical, flexible, nonadjustable (foam collar)	CO, CPO, RFO, COF, RFOM
L0130	Cervical, flexible, thermoplastic collar, molded to patient	CO, CPO
L0140	Cervical, semi-rigid, adjustable (plastic collar)	CO, CPO, RFO, COF, RFOM
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	CO, CPO, RFO, COF, RFOM
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support	CO, CPO
L0170*	Cervical, collar, molded to patient model	CO, CPO
L0172	Cervical, collar, semi-rigid, thermoplastic foam, two piece	CO, CPO, RFO, COF, RFOM
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	CO, CPO, RFO, COF, RFOM
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	CO, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)	CO, CPO
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	CO, CPO
L0210	Thoracic, rib belt	CO, CPO, RFO, COF, RFOM
L0220	Thoracic, rib belt, custom fabricated	CO, CPO, RFO, COF, RFOM
L0430*	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (dewall posture protector only)	CO, CPO
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral discs with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral discs, with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	CO, CPO
L0454	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral discs, with rigid stays or panel(s), includes shoulder straps, closures, prefabricated, includes fitting and adjustment	CO, CPO
L0456*	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, prefabricated, includes fitting and adjustment	CO, CPO
L0458*	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps, closures, prefabricated, includes fitting and adjustment	CO, CPO
L0460*	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	CO, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L0462*	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	CO, CPO
L0464*	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	CO, CPO
L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral discs, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	CO, CPO
L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures, and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral discs, includes fitting and shaping frame, prefabricated, includes fitting and adjustment	CO, CPO
L0470*	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral discs, includes fitting and shaping frame, prefabricated, includes fitting and adjustment	CO, CPO
L0472	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping frame, prefabricated, includes fitting and adjustment	CO, CPO
L0480*	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	CO, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L0482*	TLSO, triplanar control, one piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	CO, CPO
L0484*	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	CO, CPO
L0486*	TLSO, triplanar control, two piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	CO, CPO
L0488*	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	CO, CPO
L0490	TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the t-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	CO, CPO
L0700*	CTLTO, anterior-posterior lateral control, molded to patient model (Minerva type)	CO, CPO
L0710*	CTLTO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)	CO, CPO
L0810*	Halo procedure, cervical halo incorporated into jacket vest	CO, CPO
L0820*	Halo procedure, cervical halo incorporated into plaster body jacket	CO, CPO
L0830*	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	CO, CPO
L0859*	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	CO, CPO
L0861	Addition to halo procedure, replacement liner/interface material	CO, CPO
L0960	Torso support, post surgical support, pads for post surgical support	CO, CPO, RFO, COF, RFOM
L0970	TLSO, corset front	CO, CPO, RFO, COF, RFOM
L0972	LSO, corset front	CO, CPO, RFO, COF, RFOM

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L0974	TLSO, full corset	CO, CPO, RFO, COF, RFOM
L0976	LSO, full corset	CO, CPO, RFO, COF, RFOM
L0978	Axillary crutch extension	CO, CPO, RFO, COF, RFOM
L0980	Peroneal straps, pair	CO, CPO, RFO, COF, RFOM
L0982	Stocking supporter grips, set of four (4)	CO, CPO, RFO, COF, RFOM
L0984	Protective body sock, each	CO, CPO, RFO, COF, RFOM
L0999	Addition to spinal orthosis, not otherwise specified	CO, CPO
L1000*	Cervical-thoracic-lumbar-sacral orthosis (CTLSSO) (Milwaukee), inclusive of furnishing initial orthosis, including model	ABC-CO and ABC-CPO only
	<u>Scoliosis orthoses</u>	
L1005*	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	ABC-CO and ABC-CPO only
L1010	Addition to CTLSSO or scoliosis orthosis, axilla sling	ABC-CO and ABC-CPO only
L1020	Addition to CTLSSO or scoliosis orthosis, kyphosis pad	ABC-CO and ABC-CPO only
L1025	Addition to CTLSSO or scoliosis orthosis, kyphosis pad, floating	ABC-CO and ABC-CPO only
L1030	Addition to CTLSSO or scoliosis orthosis, lumbar bolster pad	ABC-CO and ABC-CPO only
L1040	Addition to CTLSSO or scoliosis orthosis, lumbar or lumbar rib pad	ABC-CO and ABC-CPO only
L1050	Addition to CTLSSO or scoliosis orthosis, sternal pad	ABC-CO and ABC-CPO only
L1060	Addition to CTLSSO or scoliosis orthosis, thoracic pad	ABC-CO and ABC-CPO only
L1070	Addition to CTLSSO or scoliosis orthosis, trapezius sling	ABC-CO and ABC-CPO only
L1080	Addition to CTLSSO or scoliosis orthosis, outrigger	ABC-CO and ABC-CPO only
L1085	Addition to CTLSSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	ABC-CO and ABC-CPO only
L1090	Addition to CTLSSO or scoliosis orthosis, lumbar sling	ABC-CO and ABC-CPO only
L1100	Addition to CTLSSO or scoliosis orthosis, ring flange, plastic or leather	ABC-CO and ABC-CPO only
L1110	Addition to CTLSSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	ABC-CO and ABC-CPO only
L1120	Addition to CTLSSO or scoliosis orthosis, cover for upright, each	ABC-CO and ABC-CPO only
L1200*	TLSO, inclusive of furnishing initial orthosis only	ABC-CO and ABC-CPO only
L1210	Addition to TLSO (low profile) lateral thoracic extension	ABC-CO and ABC-CPO only
L1220	Addition to TLSO (low profile), anterior thoracic extension	ABC-CO and ABC-CPO only

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L1230	Addition to TLSO (low profile), Milwaukee type superstructure	ABC-CO and ABC-CPO only
L1240	Addition to TLSO (low profile), lumbar derotation pad	ABC-CO and ABC-CPO only
L1250	Addition to TLSO (low profile), anterior asis pad	ABC-CO and ABC-CPO only
L1260	Addition to TLSO (low profile), anterior thoracic derotation pad	ABC-CO and ABC-CPO only
L1270	Addition to TLSO (low profile), abdominal pad	ABC-CO and ABC-CPO only
L1280	Addition to TLSO (low profile), rib gusset (elastic), each	ABC-CO and ABC-CPO only
L1290	Addition to TLSO (low profile), lateral trochanteric pad	ABC-CO and ABC-CPO only
L1300*	Other scoliosis procedure, body jacket molded to patient model	ABC-CO and ABC-CPO only
L1310*	Other scoliosis procedure, post-operative body jacket	ABC-CO and ABC-CPO only
L1499*	Spinal orthosis, not otherwise specified	CO, CPO
	<u>Lower limb - hip</u>	
L1500*	THKAO, mobility frame (Newington, Parapodium types)	CO, CPO
L1510*	THKAO, standing frame	CO, CPO
L1520*	THKAO, swivel walker	CO, CPO
L1600	HO, abduction control of hip joints, flexible, (Frejka type) with cover, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L1610	HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L1620	HO, abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L1630	HO, abduction control of hip joints, semi-flexible, (Von Rosen type), custom fabricated	CO, CPO, RFO, COF, RFOM
L1640	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	CO, CPO, RFO, COF, RFOM
L1650	HO, abduction control of hip joints, static, adjustable (Ilfeld type), prefabricated, includes fitting and adjustment	CO, CPO
L1652	HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment, any type	CO, CPO, RFO, COF, RFOM
L1660	HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	CO, CPO
L1680*	HO, abduction control of hip joints, dynamic, pelvic control adjustable hip motion control, thigh cuffs (rancho hip action type), custom fabricated	CO, CPO
L1685*	HO, abduction control of hip joint, post-operative hip abduction type, custom fabricated	CO, CPO
L1686*	HO, abduction control of hip joint, post-operative hip abduction type, prefabricated, includes fitting and adjustment	CO, CPO
L1690*	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	CO, CPO
L1700*	Legg Perthes orthosis, (Toronto type), custom fabricated	CO, CPO
L1710*	Legg Perthes orthosis, (Newington type), custom fabricated	CO, CPO
L1720*	Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated	CO, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L1730*	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	CO, CPO
L1750	Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment	CO, CPO
L1755*	Legg Perthes orthosis, (Patten bottom type), custom fabricated	CO, CPO
L1800	KO, elastic with stays, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L1810	KO, elastic with joints, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L1815	KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L1820	KO, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L1825	KO, elastic knee cap, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L1830	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L1831	KO, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L1832*	KO, adjustable knee joints, (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment	CO, CPO
L1834*	KO, without knee joint, rigid, custom fabricated	CO, CPO
L1836	KO, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L1840*	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	CO, CPO, RFO, COF, RFOM
L1843*	KO, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment	CO, CPO
L1844*	KO, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control with or without varus/valgus adjustment, custom fabricated	CO, CPO
L1845*	KO, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, prefabricated, includes fitting and adjustment	CO, CPO
L1846*	KO, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, custom fabricated	CO, CPO
L1847	KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment	CO, CPO
L1850	KO, Swedish type, prefabricated, includes fitting and adjustment	CO, CPO
L1855*	KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated	CO, CPO
L1858*	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated	CO, CPO
L1860*	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	CO, CPO
L1870*	KO, double upright, thigh and calf lacers, with knee joints, custom fabricated	CO, CPO
L1880*	KO, double upright, nonmolded thigh and calf, with double upright knee joints, custom fabricated	CO, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L1900	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	CO, CPO
L1901	AFO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	CO, CPO, CPed, RFO, COF, RFOM
L1902	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	CO, CPO, CPed, RFO, COF, RFOM
L1904	AFO, molded ankle gauntlet, custom fabricated	CO, CPO
L1906	AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustments	CO, CPO
L1907	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	CO, CPO
L1910	AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	CO, CPO
L1920	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	CO, CPO, CPed, RFO, COF, RFOM
L1930	AFO, plastic or other material, prefabricated, includes fitting and adjustment	CO, CPO
L1932*	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	CO, CPO
L1940	AFO, plastic or other material, custom fabricated	CO, CPO
L1945*	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	CO, CPO
L1950	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	CO, CPO
L1951*	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	CO, CPO
L1960	AFO, posterior solid ankle, molded to patient model, plastic, custom fabricated	CO, CPO
L1970*	AFO, plastic, with ankle joint, custom fabricated	CO, CPO
L1971	AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	CO, CPO
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar BK orthosis), custom fabricated	CO, CPO
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar BK orthosis), custom fabricated	CO, CPO
L2000*	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar AK orthosis), custom fabricated	CO, CPO
L2005*	KAFO, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fitted	CO, CPO
L2010*	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar AK orthosis), without knee joint, custom fabricated	CO, CPO
L2020*	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar AK orthosis), custom fabricated	CO, CPO
L2030*	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar AK orthosis), without knee joint, custom fabricated	CO, CPO
L2034*	KAFO. Full p0lastic, single upright, with or without free motion knee, medial lateral rotation, control, with or without free motion ankle, custom fabricated	CO, CPO
L2035	KAFO, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustments	CO, CPO
L2036*	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	CO, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L2037*	KAFO, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	CO, CPO
L2038*	KAFO, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	CO, CPO
L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	CO, CPO
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	CO, CPO
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	CO, CPO
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	CO, CPO
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	CO, CPO
L2090	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	CO, CPO
L2106*	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	CO, CPO
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	CO, CPO
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	CO, CPO
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	CO, CPO
L2116*	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	CO, CPO
L2126*	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	CO, CPO
L2128*	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	CO, CPO
L2132*	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	CO, CPO
L2134*	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	CO, CPO
L2136*	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	CO, CPO
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	CO, CPO
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	CO, CPO
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	CO, CPO
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	CO, CPO
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	CO, CPO
L2190	Addition to lower extremity fracture orthosis, waist belt	CO, CPO
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	CO, CPO
L2200	Addition to lower extremity, limited ankle motion, each joint	CO, CPO
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	CO, CPO
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	CO, CPO
L2230	Addition to lower extremity, split caliper stirrups and plate attachment	CO, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L2232*	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	CO, CPO
L2240	Addition to lower extremity, round caliper and plate attachment	CO, CPO
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	CO, CPO
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	CO, CPO
L2265	Addition to lower extremity, long tongue stirrup	CO, CPO
L2270	Addition to lower extremity, varus/valgus correction (t) strap, padded/lined or malleolus pad	CO, CPO
L2275	Addition to lower extremity, varus/valgus correction, plastic modification padded/lined	CO, CPO
L2280	Addition to lower extremity, molded inner boot	CO, CPO
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	CO, CPO
L2310	Addition to lower extremity, abduction bar, straight	CO, CPO
L2320	Addition to lower extremity, nonmolded lacer, for custom fabricated orthosis only	CO, CPO
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	CO, CPO
L2335	Addition to lower extremity, anterior swing band	CO, CPO
L2340	Addition to lower extremity, pretibial shell, molded to patient model	CO, CPO
L2350*	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)	CO, CPO
L2360	Addition to lower extremity, extended steel shank	CO, CPO
L2370	Addition to lower extremity, Patten bottom	CO, CPO
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	CO, CPO
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	CO, CPO
L2385	Addition to lower extremity, straight knee joint, heavy duty each joint	CO, CPO
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated KAFO, each joint	CO, CPO
L2390	Addition to lower extremity, offset knee joint, each joint	CO, CPO
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	CO, CPO
L2397	Addition to lower extremity orthosis, suspension sleeve	CO, CPO
L2405	Addition to knee joint, drop lock, each	CO, CPO
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	CO, CPO
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	CO, CPO
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	CO, CPO
L2492	Addition to knee joint, lift loop for drop lock ring	CO, CPO
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	CO, CPO
L2510*	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	CO, CPO
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	CO, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L2525*	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim molded to patient model	CO, CPO
L2526*	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim, custom fitted	CO, CPO
L2530	Addition to lower extremity, thigh/weight bearing, lacer, non-molded	CO, CPO
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	CO, CPO
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	CO, CPO
L2570	Addition to lower extremity, pelvic control, hip joint, clevis type, two position joint, each	CO, CPO
L2580	Addition to lower extremity, pelvic control, pelvic sling	CO, CPO
L2600	Addition to lower extremity, pelvic control, hip joint, clevis type, or thrust bearing, free, each	CO, CPO
L2610	Addition to lower extremity, pelvic control, hip joint, clevis type or thrust bearing, lock, each	CO, CPO
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	CO, CPO
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	CO, CPO
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	CO, CPO
L2627*	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	CO, CPO
L2628*	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	CO, CPO
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	CO, CPO
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	CO, CPO
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	CO, CPO
L2660	Addition to lower extremity, thoracic control, thoracic band	CO, CPO
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	CO, CPO
L2680	Addition to lower extremity, thoracic control, lateral support uprights	CO, CPO
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	CO, CPO
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment	CO, CPO
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	CO, CPO
L2768	Orthotic side bar disconnect device, per bar	CO, CPO
L2770	Addition to lower extremity orthosis, any material, per bar or joint	CO, CPO
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	CO, CPO
L2785	Addition to lower extremity orthosis, drop lock retainer, each	CO, CPO
L2795	Addition to lower extremity orthosis, knee control, full knee cap	CO, CPO
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	CO, CPO
L2810	Addition to lower extremity orthosis, knee control, condylar pad	CO, CPO
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	CO, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	CO, CPO
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	CO, CPO
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	CO, CPO
L2860*	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each	CO, CPO
L2999	Lower extremity orthoses, not otherwise specified	CO, CPO
	<u>Orthopedic shoes</u>	
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	CO, CP, CPO, CPed
L3001	Foot insert, removable, molded to patient model, Spenco, each	CO, CP, CPO, CPed
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	CO, CP, CPO, CPed
L3003	Foot insert, molded to patient model, silicone gel, each	CO, CP, CPO, CPed
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	CO, CP, CPO, CPed
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	CO, CP, CPO, CPed
L3030	Foot insert, removable, formed to patient foot, each	CO, CP, CPO, CPed
L3040	Foot, arch support, removable, pre-molded, longitudinal, each	CO, CP, CPO, CPed
L3050	Foot, arch support, removable, pre-molded, metatarsal, each	CO, CP, CPO, CPed
L3060	Foot, arch support, removable, pre-molded, longitudinal/metatarsal, each	CO, CP, CPO, CPed
L3070	Foot, arch support, non-removable, attached to shoe, longitudinal, each	CO, CP, CPO, CPed
L3080	Foot, arch support, non-removable, attached to shoe, metatarsal, each	CO, CP, CPO, CPed
L3090	Foot, arch support, non-removable, attached to shoe, longitudinal/metatarsal, each	CO, CP, CPO, CPed
L3100	Hallus-valgus night dynamic splint	CO, CP, CPO, CPed
L3140	Foot, abduction rotation bar, including shoe(s)	CO, CP, CPO, CPed
L3150	Foot, abduction rotation bar, without shoe(s)	CO, CP, CPO, Cped
L3160	Foot, adjustable shoe-styled positioning device	CO, CP, CPO, CPed
L3170	Foot, plastic, silicone or equal, heel stabilizer, each	CO, CP, CPO, CPed
L3201	Orthopedic shoe, oxford with supinator or pronator, infant	CO, CP, CPO, CPed
L3202	Orthopedic shoe, oxford with supinator or pronator, child	CO, CP, CPO, CPed
L3203	Orthopedic shoe, oxford with supinator or pronator, junior	CO, CP, CPO, CPed
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	CO, CP, CPO, CPed
L3206	Orthopedic shoe, hightop with supinator or pronator, child	CO, CP, CPO, CPed
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	CO, CP, CPO, CPed
L3208	Surgical boot, each, infant	CO, CP, CPO, CPed
L3209	Surgical boot, each, child	CO, CP, CPO, CPed
L3211	Surgical boot, each, junior	CO, CP, CPO, CPed
L3212	Benesch boot, pair, infant	CO, CP, CPO, CPed
L3213	Benesch boot, pair, child	CO, CP, CPO, CPed
L3214	Benesch boot, pair, junior	CO, CP, CPO, CPed
L3215+	Orthopedic footwear, ladies shoe, oxford, each	CO, CP, CPO, CPed
L3216+	Orthopedic footwear, ladies shoe, depth inlay, each	CO, CP, CPO, CPed
L3217+	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	CO, CP, CPO, CPed
L3219+	Orthopedic footwear, mens shoe, oxford, each	CO, CP, CPO, CPed
L3221+	Orthopedic footwear, mens shoe, depth inlay, each	CO, CP, CPO, CPed

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L3222+	Orthopedic footwear, mens shoe, hightop, depth , each inlay	CO, CP, CPO, CPed
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)	CO, CP, CPO, CPed
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	CO, CP, CPO, CPed
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoes, each	CO, CP, CPO, CPed
L3251	Foot, shoe molded to patient model, silicone shoe, each	CO, CP, CPO, CPed
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	CO, CP, CPO, CPed
L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each	CO, CP, CPO, CPed
L3254	Non-standard size or width	CO, CP, CPO, CPed
L3255	Non-standard size or length	CO, CP, CPO, CPed
L3257	Orthopedic footwear, additional charge for split size	CO, CP, CPO, CPed
L3260	Surgical boot/shoe, each	CO, CP, CPO, CPed
L3265	Plastazote sandal, each	CO, CP, CPO, CPed
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	CO, CP, CPO, CPed
L3310	Lift, elevation, heel and sole, neoprene, per inch	CO, CP, CPO, CPed
L3320	Lift, elevation, heel and sole, cork, per inch	CO, CP, CPO, CPed
L3330	Lift, elevation, metal extension (skate)	CO, CP, CPO, CPed
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	CO, CP, CPO, CPed
L3334	Lift elevation, heel, per inch	CO, CP, CPO, CPed
L3340	Heel wedge, SACH	CO, CP, CPO, CPed
L3350	Heel wedge	CO, CP, CPO, CPed
L3360	Sole wedge, outside sole	CO, CP, CPO, CPed
L3370	Sole wedge, between sole	CO, CP, CPO, CPed
L3380	Clubfoot wedge	CO, CP, CPO, CPed
L3390	Outflare wedge	CO, CP, CPO, CPed
L3400	Metatarsal bar wedge, rocker	CO, CP, CPO, CPed
L3410	Metatarsal bar wedge, between sole	CO, CP, CPO, CPed
L3420	Full sole and heel wedge, between sole	CO, CP, CPO, CPed
L3430	Heel, counter, plastic reinforced	CO, CP, CPO, CPed
L3440	Heel, counter, leather reinforced	CO, CP, CPO, CPed
L3450	Heel, SACH cushion type	CO, CP, CPO, CPed
L3455	Heel, new leather, standard	CO, CP, CPO, CPed
L3460	Heel, new rubber, standard	CO, CP, CPO, CPed
L3465	Heel, Thomas with wedge	CO, CP, CPO, CPed
L3470	Heel, Thomas extended to ball	CO, CP, CPO, CPed
L3480	Heel, pad and depression for spur	CO, CP, CPO, CPed
L3485	Heel, pad, removable for spur	CO, CP, CPO, CPed
L3500	Orthopedic shoe addition, insole, leather	CO, CP, CPO, CPed
L3510	Orthopedic shoe addition, insole, rubber	CO, CP, CPO, CPed
L3520	Orthopedic shoe addition, insole, felt covered with leather	CO, CP, CPO, CPed
L3530	Orthopedic shoe addition, sole, half	CO, CP, CPO, CPed
L3540	Orthopedic shoe addition, sole, full	CO, CP, CPO, CPed
L3550	Orthopedic shoe addition, toe tap, standard	CO, CP, CPO, CPed
L3560	Orthopedic shoe addition, toe tap, horseshoe	CO, CP, CPO, CPed
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	CO, CP, CPO, CPed
L3580	Orthopedic shoe addition, convert instep to Velcro closure	CO, CP, CPO, CPed
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	CO, CP, CPO, CPed

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L3595	Orthopedic shoe addition, march bar	CO, CP, CPO, CPed
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	CO, CP, CPO, CPed
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	CO, CP, CPO, CPed
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	CO, CP, CPO, CPed
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	CO, CP, CPO, CPed
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	CO, CP, CPO, CPed
L3649*	Orthopedic shoe, modification, addition or transfer, NOS	CO, CP, CPO, CPed
	Upper limb orthoses	
L3650	SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L3651	SO, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	CO, CPO, RFO, COF, RFOM
L3652	SO, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	CO, CPO, RFO, COF, RFOM
L3660	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L3670	SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L3671*	SO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3672	SO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3673	SO, abduction positioning (airplane design), thoracic component and support bar, without joints, includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3675	SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L3677*	SO, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L3700	EO, elastic with stays, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L3701	EO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	CO, CPO, RFO, COF, RFOM
L3702	EO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3710	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L3720*	EO, double upright with forearm/arm cuffs, free motion, custom fabricated	CO, CPO
L3730*	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	CO, CPO
L3740*	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	CO, CPO
L3760	EO, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	CO, CPO
L3762*	EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L3763*	EWHO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3764*	EWHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3765*	EWHFO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3766*	EWHFO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3800	WHFO, short opponens, no attachments, custom fabricated	CO, CPO
L3805	WHFO, long opponens, no attachments, custom fabricated	CO, CPO
L3807	WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type	CO, CPO
L3810	WHFO, addition to short and long opponens, thumb abduction (c) bar	CO, CPO
L3815	WHFO, addition to short and long opponens, second M.P. abduction assist	CO, CPO
L3820	WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop	CO, CPO
L3825	WHFO, addition to short and long opponens, M.P. extension stop	CO, CPO
L3830	WHFO, addition to short and long opponens, M.P. extension assist	CO, CPO
L3835	WHFO, addition to short and long opponens, M.P. spring extension assist	CO, CPO
L3840	WHFO, addition to short and long opponens, spring swivel thumb	CO, CPO
L3845	WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop	CO, CPO
L3850	WHO, addition to short and long opponens, action wrist, with dorsiflexion assist	CO, CPO
L3855	WHFO, addition to short and long opponens, adjustable M.P. flexion control	CO, CPO
L3860	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	CO, CPO
L3890*	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism each	CO, CPO
L3900*	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	CO, CPO
L3901*	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	CO, CPO
L3902*	WHFO, external powered, compressed gas, custom fabricated	CO, CPO
L3904*	WHFO, external powered, electric, custom fabricated	CO, CPO
L3905*	WHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3906	WHO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3907	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated	CO, CPO
L3908	WHO, wrist extension control cock-up, non-molded, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L3909	WO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	CO, CPO, RFO, COF, RFOM

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L3910	WHFO, Swanson design, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3911	WHFO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	CO, CPO, RFO,COF, RFOM
L3912	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3913	HFO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3914	WHO, wrist extension cock-up, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3916	WHFO, wrist extension cock-up, with outrigger, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3917	HFO, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment	CO, CPO
L3918	HFO, knuckle bender, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3919	HO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3920	HFO, knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3921	HFO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3922	HFO, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3923	HFO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustments	CO, CPO, RFO,COF, RFOM
L3924	WHFO, Oppenheimer, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3926	WHFO, Thomas suspension, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3928	HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3930	WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3932	FO, safety pin, spring wire, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3933	FO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3934	FO, safety pin, modified, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3935	FO, nontorsion joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3936	WHFO, palmer, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3938	WHFO, dorsal wrist, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3940	WHFO, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3942	HFO, reverse knuckle bender, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM
L3944	HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	CO, CPO, RFO,COF, RFOM

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L3946	HFO, composite elastic, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L3948	FO, finger knuckle bender, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L3950	WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L3952	WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L3954	HFO, spreading hand, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L3956*	Addition of joint to upper extremity orthosis, any material; per joint	CO, CPO
L3960*	SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustment	CO, CPO
L3961*	SEWHO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3962*	SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	CO, CPO
L3964*	SEO, mobile arm support attached to wheelchair, balanced, and adjustable, prefabricated, includes fitting and adjustment	CO, CPO
L3965*	SEO, mobile arm support attached to wheelchair, balanced, adjustable rancho type, prefabricated, includes fitting and adjustment	CO, CPO
L3966*	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment	CO, CPO
L3967*	SEWHO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3968*	SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment	CO, CPO
L3969*	SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment	CO, CPO
L3970	SEO, addition to mobile arm support, elevating proximal arm	CO, CPO
L3971*	SEWHO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3972	SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	CO, CPO
L3973*	SEWHO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3974	SEO, addition to mobile arm support, supinator	CO, CPO
L3975*	SEWHFO, shoulder cap design, without joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L3976*	SEWHFO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3977*	SEWHFO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3978*	SEWHFO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	CO, CPO
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	CO, CPO
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	CO, CPO
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	CO, CPO
L3985	Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated	CO, CPO
L3986*	Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example: Colles' fracture), custom fabricated	CO, CPO
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	CO, CPO
L3999	Upper limb orthosis, not otherwise specified	CO, CPO
	<u>Replace/repair</u>	
L4000*	Replace girdle for spinal orthosis (CTLFO or SO)	CO, CPO
L4002*	Replacement strap, any orthosis, includes all components, any length, any type	CO, CPO
L4010*	Replace trilateral socket brim	CO, CPO
L4020*	Replace quadrilateral socket brim, molded to patient model	CO, CPO
L4030	Replace quadrilateral socket brim, custom fitted	CO, CPO
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	CO, CPO
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	CO, CPO
L4050	Replace molded calf lacer, for custom fabricated orthosis only	CO, CPO
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	CO, CPO
L4060	Replace high roll cuff	CO, CPO
L4070	Replace proximal and distal upright for KAFO	CO, CPO
L4080	Replace metal band KAFO, proximal thigh	CO, CPO
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	CO, CPO
L4100	Replace leather cuff KAFO, proximal thigh	CO, CPO
L4110	Replace leather cuff, KAFO-AFO, calf or distal thigh	CO, CPO
L4130	Replace pretibial shell	CO, CPO
L4205*	Repair of orthotic device, labor component, per 15 minutes	CO, CPO
L4210*	Repair of orthotic device, repair or replace minor parts	CO, CPO
	<u>Ancillary orthoses</u>	
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L4360	Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L4392	Replacement soft interface material, static AFO	CO, CPO, RFO, COF, RFOM
L4394	Replace soft interface material, foot drop splint	CO, CPO, RFO, COF, RFOM
L4396	Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
L4398	Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment	CO, CPO, RFO, COF, RFOM
	Lower limb prostheses	
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	CP, CPO
L5010*	Partial foot, molded socket, ankle height, with toe filler	CP, CPO
L5020*	Partial foot, molded socket, tibial tubercle height, with toe filler	CP, CPO
L5050*	Ankle, Symes, molded socket, SACH foot	CP, CPO
L5060*	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	CP, CPO
L5100*	Below knee, molded socket, shin, SACH foot	CP, CPO
L5105*	Below knee, plastic socket, joints and thigh lacer, SACH foot	CP, CPO
L5150*	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	CP, CPO
L5160*	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	CP, CPO
L5200*	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	CP, CPO
L5210*	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	CP, CPO
L5220*	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	CP, CPO
L5230*	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	CP, CPO
L5250*	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	CP, CPO
L5270*	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction shin, SACH foot	CP, CPO
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	CP, CPO
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	CP, CPO
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin SACH foot, endoskeletal system	CP, CPO
L5321*	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	CP, CPO
L5331*	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	CP, CPO
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	CP, CPO
L5400*	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	CP, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	CP, CPO
L5420*	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	CP, CPO
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, includes fitting, alignment, and suspension, AK or knee disarticulation, each additional cast change and realignment	CP, CPO
L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	CP, CPO
L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	CP, CPO
L5500*	Initial, below knee - "PTB" type socket, non-alignable system, pylon no cover, SACH foot, plaster socket, direct formed	CP, CPO
L5505*	Initial, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed	CP, CPO
L5510*	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	CP, CPO
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	CP, CPO
L5530*	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	CP, CPO
L5535*	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	CP, CPO
L5540*	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	CP, CPO
L5560*	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	CP, CPO
L5570*	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	CP, CPO
L5580*	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	CP, CPO
L5585*	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	CP, CPO
L5590*	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	CP, CPO
L5595*	Preparatory, hip disarticulation - hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	CP, CPO
L5600*	Preparatory, hip disarticulation - hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	CP, CPO
L5610*	Addition to lower extremity, endoskeletal system, above knee, hydracendence	CP, CPO
L5611*	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with friction swing phase control	CP, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L5613*	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, hydraulic swing phase control	CP, CPO
L5614*	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4-bar linkage, with pneumatic swing phase control	CP, CPO
L5616*	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	CP, CPO
L5617	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	CP, CPO
L5618	Addition to lower extremity, test socket, Symes	CP, CPO
L5620	Addition to lower extremity, test socket, below knee	CP, CPO
L5622	Addition to lower extremity, test socket, knee disarticulation	CP, CPO
L5624	Addition to lower extremity, test socket, above knee	CP, CPO
L5626	Addition to lower extremity, test socket, hip disarticulation	CP, CPO
L5628	Addition to lower extremity, test socket, hemipelvectomy	CP, CPO
L5629	Addition to lower extremity, below knee, acrylic socket	CP, CPO
L5630	Addition to lower extremity, Symes type, expandable wall socket	CP, CPO
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	CP, CPO
L5632	Addition to lower extremity, Symes type, PTB brim design socket	CP, CPO
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	CP, CPO
L5636	Addition to lower extremity, Symes type, medial opening socket	CP, CPO
L5637	Addition to lower extremity, below knee, total contact	CP, CPO
L5638	Addition to lower extremity, below knee, leather socket	CP, CPO
L5639*	Addition to lower extremity, below knee, wood socket	CP, CPO
L5640*	Addition to lower extremity, knee disarticulation, leather socket	CP, CPO
L5642*	Addition to lower extremity, above knee, leather socket	CP, CPO
L5643*	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	CP, CPO
L5644	Addition to lower extremity, above knee, wood socket	CP, CPO
L5645*	Addition to lower extremity, below knee, flexible inner socket, external frame	CP, CPO
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	CP, CPO
L5647*	Addition to lower extremity, below knee, suction socket	CP, CPO
L5648*	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	CP, CPO
L5649*	Addition to lower extremity, ischial containment/narrow M-L socket	CP, CPO
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	CP, CPO
L5651*	Addition to lower extremity, above knee, flexible inner socket, external frame	CP, CPO
L5652*	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	CP, CPO
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	CP, CPO
L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	CP, CPO
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	CP, CPO
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	CP, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	CP, CPO
L5661	Addition to lower extremity, socket insert, multi-durometer, Symes	CP, CPO
L5665	Addition to lower extremity, socket insert, multi-durometer, below knee	CP, CPO
L5666	Addition to lower extremity, below knee, cuff suspension	CP, CPO
L5668	Addition to lower extremity, below knee, molded distal cushion	CP, CPO
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ("pts" or similar)	CP, CPO
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	CP, CPO
L5672	Addition to lower extremity, below knee, removable medial brim suspension	CP, CPO
L5673*	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	CP, CPO
L5676	Addition to lower extremity, below knee, knee joints, single axis, pair	CP, CPO
L5677	Addition to lower extremity, below knee, knee joints, polycentric, pair	CP, CPO
L5678	Addition to lower extremity, below knee joint covers, pair	CP, CPO
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	CP, CPO
L5680	Addition to lower extremity, below knee, thigh lacer, non-molded	CP, CPO
L5681*	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	CP, CPO
L5682*	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	CP, CPO
L5683*	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	CP, CPO
L5684	Addition to lower extremity, below knee, fork strap	CP, CPO
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	CP, CPO
L5686	Addition to lower extremity, below knee, back check (extension control)	CP, CPO
L5688	Addition to lower extremity, below knee, waist belt, webbing	CP, CPO
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	CP, CPO
L5692	Addition to lower extremity, above knee, pelvic control belt, light	CP, CPO
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	CP, CPO
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	CP, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	CP, CPO
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	CP, CPO
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesman bandage	CP, CPO
L5699	All lower extremity prostheses, shoulder harness	CP, CPO
L5700*	Replacement, socket, below knee, molded to patient model	CP, CPO
L5701*	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	CP, CPO
L5702*	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	CP, CPO
L5703*	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	CO, CPO
L5704	Custom shaped protective cover, below knee	CP, CPO
L5705*	Custom shaped protective cover, above knee	CP, CPO
L5706*	Custom shaped protective cover, knee disarticulation	CP, CPO
L5707*	Custom shaped protective cover, hip disarticulation	CP, CPO
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	CP, CPO
L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	CP, CPO
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	CP, CPO
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	CP, CPO
L5716*	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	CP, CPO
L5718*	Addition, exoskeletal knee-shin system, single axis, polycentric, friction swing and stance phase control	CP, CPO
L5722*	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	CP, CPO
L5724*	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	CP, CPO
L5726*	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	CP, CPO
L5728*	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	CP, CPO
L5780*	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	CP, CPO
L5781*	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	CP, CPO
L5782*	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	CP, CPO
L5785*	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	CP, CPO
L5790*	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	CP, CPO
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	CP, CPO
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	CP, CPO
L5811*	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	CP, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	CP, CPO
L5814*	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	CP, CPO
L5816*	Addition, endoskeletal knee-shin system, single axis, mechanical stance phase lock	CP, CPO
L5818*	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	CP, CPO
L5822*	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	CP, CPO
L5824*	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	CP, CPO
L5826*	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	CP, CPO
L5828*	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	CP, CPO
L5830*	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	CP, CPO
L5840*	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	CP, CPO
L5845*	Addition, endoskeletal knee shin system, stance flexion feature, adjustable	CP, CPO
L5848*	Addition endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, with or without adjustability	CP, CPO
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	CP, CPO
L5855	Addition endoskeletal system hip disarticulation, mechanical hip extension assist	CP, CPO
L5910	Addition, endoskeletal system, below knee, alignable system	CP, CPO
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	CP, CPO
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	CP, CPO
L5930*	Addition, endoskeletal system, high activity knee control frame	CP, CPO
L5940*	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	CP, CPO
L5950*	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	CP, CPO
L5960*	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	CP, CPO
L5962*	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	CP, CPO
L5964*	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	CP, CPO
L5966*	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	CP, CPO
L5968*	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	CP, CPO
L5970	All lower extremity prostheses, foot, external keel, SACH foot	CP, CPO
L5971	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only	CO, CPO
L5972	All lower extremity prostheses, flexible keel foot (safe, sten, Bock dynamic or equal)	CP, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L5974	All lower extremity prostheses, foot, single axis ankle/foot	CP, CPO
L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot	CP, CPO
L5976	All lower extremity prostheses, energy storing foot (Seattle carbon copy II or equal)	CP, CPO
L5978	All lower extremity prostheses, foot, multi-axial ankle/foot	CP, CPO
L5979*	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece	CP, CPO
L5980*	All lower extremity prostheses, flex-foot system	CP, CPO
L5981*	All lower extremity prostheses, flex-walk system or equal	CP, CPO
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	CP, CPO
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	CP, CPO
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	CP, CPO
L5986*	All lower extremity prostheses, multi-axial rotation unit (MCP or equal)	CP, CPO
L5987*	All lower extremity prosthesis, shank foot system with vertical loading pylon	CP, CPO
L5988*	Addition to lower limb prosthesis, vertical shock reducing pylon feature	CP, CPO
L5990*	Addition to lower extremity prosthesis, user adjustable heel height	CP, CPO
L5995*	Addition to lower extremity prosthesis heavy duty feature (for patient weight less than 300 lbs)	CP, CPO
L5999*	Lower extremity prosthesis, not otherwise specified	CP, CPO
	<u>Upper limb prostheses</u>	
L6000*	Partial hand, Robin-Aids, thumb remaining (or equal)	CP, CPO
L6010*	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	CP, CPO
L6020*	Partial hand, Robin-Aids, no finger remaining (or equal)	CP, CPO
L6050*	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	CP, CPO
L6055*	Wrist disarticulation, molded socket, with expandable interface, flexible elbow hinges, triceps pad	CP, CPO
L6100*	Below elbow, molded socket, flexible elbow hinge, triceps pad	CP, CPO
L6110*	Below elbow, molded socket (muenster or northwestern suspension types)	CP, CPO
L6120*	Below elbow, molded double wall split socket, step-up hinges, half cuff	CP, CPO
L6130*	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	CP, CPO
L6200*	Elbow disarticulation, molded socket, outside locking hinge, forearm	CP, CPO
L6205*	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	CP, CPO
L6250*	Above elbow, molded double wall socket, internal locking elbow, forearm	CP, CPO
L6300*	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	CP, CPO
L6310*	Shoulder disarticulation, passive restoration (complete prosthesis)	CP, CPO
L6320*	Shoulder disarticulation, passive restoration (shoulder cap only)	CP, CPO
L6350*	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	CP, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L6360*	Interscapular thoracic, passive restoration (complete prosthesis)	CP, CPO
L6370*	Interscapular thoracic, passive restoration (shoulder cap only)	CP, CPO
L6380*	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	CP, CPO
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	CP, CPO
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	CP, CPO
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment	CP, CPO
L6388	Immediate postsurgical or early fitting, application of rigid dressing only	CP, CPO
L6400*	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	CP, CPO
L6450*	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	CP, CPO
L6500*	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	CP, CPO
L6550*	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	CP, CPO
L6570*	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	CP, CPO
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no coverage, molded to patient model	CP, CPO
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	CP, CPO
L6584*	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	CP, CPO
L6586*	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	CP, CPO
L6588*	Preparatory, shoulder disarticulation or interscapular thoracic single wall socket, shoulder joint, locking elbow, friction wrist chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	CP, CPO
L6590*	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	CP, CPO
L6600	Upper extremity additions, polycentric hinge, pair	CP, CPO
L6605	Upper extremity additions, single pivot hinge, pair	CP, CPO
L6610	Upper extremity additions, flexible metal hinge, pair	CP, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L6615	Upper extremity addition, disconnect locking wrist unit	CP, CPO
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	CP, CPO
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	CP, CPO
L6623*	Upper extremity addition, spring assisted rotational wrist unit with latch release	CP, CPO
L6625	Upper extremity addition, rotation wrist unit with cable lock	CP, CPO
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	CP, CPO
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	CP, CPO
L6630	Upper extremity addition, stainless steel, any wrist	CP, CPO
L6632	Upper extremity addition, latex suspension sleeve, each	CP, CPO
L6635	Upper extremity addition, lift assist for elbow	CP, CPO
L6637	Upper extremity addition, nudge control elbow lock	CP, CPO
L6638*	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	CP, CPO
L6640	Upper extremity additions, shoulder abduction joint, pair	CP, CPO
L6641	Upper extremity addition, excursion amplifier, pulley type	CP, CPO
L6642	Upper extremity addition, excursion amplifier, lever type	CP, CPO
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	CP, CPO
L6646*	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	CP, CPO
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	CP, CPO
L6650	Upper extremity addition, shoulder universal joint, each	CP, CPO
L6655	Upper extremity addition, standard control cable, extra	CP, CPO
L6660	Upper extremity addition, heavy duty control cable	CP, CPO
L6665	Upper extremity addition, teflon, or equal, cable lining	CP, CPO
L6670	Upper extremity addition, hook to hand, cable adapter	CP, CPO
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	CP, CPO
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	CP, CPO
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	CP, CPO
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	CP, CPO
L6682	Upper extremity addition, test socket, elbow disarticulation or below elbow	CP, CPO
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	CP, CPO
L6686*	Upper extremity addition, suction socket	CP, CPO
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	CP, CPO
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	CP, CPO
L6689*	Upper extremity addition, frame type socket, shoulder disarticulation	CP, CPO
L6690*	Upper extremity addition, frame type socket, interscapular-thoracic	CP, CPO
L6691	Upper extremity addition, removable insert, each	CP, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L6692	Upper extremity addition, silicone gel insert or equal, each	CP, CPO
L6693*	Upper extremity addition, locking elbow, forearm counterbalance	CP, CPO
L6694*	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	CP, CPO
L6695*	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	CP, CPO
L6696*	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l6694 or l6695)	CP, CPO
L6697*	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l6694 or l6695)	CP, CPO
L6698*	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	CP, CPO
L6700	Terminal device, hook, Dorrance or equal, model #3	CP, CPO
L6705	Terminal device, hook, Dorrance or equal, model #5	CP, CPO
L6710	Terminal device, hook, Dorrance or equal, model #5x	CP, CPO
L6715	Terminal device, hook, Dorrance or equal, model #5xa	CP, CPO
L6720*	Terminal device, hook, Dorrance or equal, model #6	CP, CPO
L6725	Terminal device, hook, Dorrance or equal, model #7	CP, CPO
L6730*	Terminal device, hook, Dorrance or equal, model #7lo	CP, CPO
L6735	Terminal device, hook, Dorrance or equal, model #8	CP, CPO
L6740	Terminal device, hook, Dorrance or equal, model #8x	CP, CPO
L6745	Terminal device, hook, Dorrance or equal, model #88x	CP, CPO
L6750	Terminal device, hook, Dorrance or equal, model #10p	CP, CPO
L6755	Terminal device, hook, Dorrance or equal, model #10x	CP, CPO
L6765	Terminal device, hook, Dorrance or equal, model #12p	CP, CPO
L6770	Terminal device, hook, Dorrance or equal, model #99x	CP, CPO
L6775	Terminal device, hook, Dorrance or equal, model #555	CP, CPO
L6780	Terminal device, hook, Dorrance or equal, model #ss555	CP, CPO
L6790	Terminal device, hook, Accu hook or equal	CP, CPO
L6795*	Terminal device, hook, 2 load or equal	CP, CPO
L6800*	Terminal device, hook, APRL VC or equal	CP, CPO
L6805	Terminal device, modifier wrist flexion unit	CP, CPO
L6806*	Terminal device, hook, TRS Grip, Grip III, VC, or equal	CP, CPO
L6807*	Terminal device, hook, Grip I, Grip II, VC, or equal	CP, CPO
L6808*	Terminal device, hook, TRS Adept, infant or child, VC or equal	CP, CPO
L6809	Terminal device, hook, TRS Super Sport, passive	CP, CPO
L6810	Terminal device, Pincher tool, Otto Bock or equal	CP, CPO
L6825*	Terminal device, hand, Dorrance, VO	CP, CPO
L6830*	Terminal device, hand, APRL, VC	CP, CPO
L6835*	Terminal device, hand, Sierra, VO	CP, CPO
L6840*	Terminal device, hand, Becker imperial	CP, CPO
L6845*	Terminal device, hand, Becker Lock Grip	CP, CPO
L6850*	Terminal device, hand, Becker Plylite	CP, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
L6855*	Terminal device, hand, Robin-Aids, VO	CP, CPO
L6860*	Terminal device, hand, Robin-Aids, VO soft	CP, CPO
L6865	Terminal device, hand, passive hand	CP, CPO
L6867*	Terminal device, hand, Detroit infant hand (mechanical)	CP, CPO
L6868	Terminal device, hand, passive infant hand, Steeper, Hosmer or equal	CP, CPO
L6870	Terminal device, hand, child mitt	CP, CPO
L6872*	Terminal device, hand, NYU child hand	CP, CPO
L6873	Terminal device, hand, mechanical infant hand, Steeper or equal	CP, CPO
L6875*	Terminal device, hand, Bock, VC	CP, CPO
L6880	Terminal device, hand, Bock, VO	CP, CPO
L6883*	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	CO, CPO
L6884*	Replacement socket, above disarticulation, molded to patient model, for use with or without external power	CO, CPO
L6885*	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	CO, CPO
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	CP, CPO
L6900*	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	CP, CPO
L6905*	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	CP, CPO
L6910*	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	CP, CPO
L6915*	Hand restoration (shading and measurements included), replacement glove for above	CP, CPO
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	CO, CPO
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	CO, CPO
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	CO, CPO
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	CO, CPO
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	CO, CPO
L7405*	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	CO, CPO
L7499*	Upper extremity prosthesis, not otherwise specified	CP, CPO
L7510*	Repair prosthetic device, repair or replace minor parts	CP, CPO
L7520*	Repair of prosthetic device, labor component, per 15 minutes	CP, CPO
L7600	Prosthetic donning sleeve, any material, each	CO, CPO
	<u>Elastic supports</u>	
A6530	Gradient compression stocking, below knee, 18-30 mmHg, each	CO, CP, CPO, RFO, COF, RFOM
A6531	Gradient compression stocking, below knee, 30-40 mmHg, each	CO, CP, CPO, RFO, COF, RFOM

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
A6532	Gradient compression stocking, below knee, 40-50 mmHg, each	CO, CP, CPO, RFO, COF, RFOM
A6533	Gradient compression stocking, thigh length, 18-30 mmHg, each	CO, CP, CPO, RFO, COF, RFOM
A6534	Gradient compression stocking, thigh length, 30-40 mmHg, each	CO, CP, CPO, RFO, COF, RFOM
A6535	Gradient compression stocking, thigh length, 40-50 mmHg, each	CO, CP, CPO, RFO, COF, RFOM
A6536	Gradient compression stocking, full length/chap style, 18-30 mmHg, each	CO, CP, CPO, RFO, COF, RFOM
A6537	Gradient compression stocking, full length/chap style, 30-40 mmHg, each	CO, CP, CPO, RFO, COF, RFOM
A6538	Gradient compression stocking, full length/chap style, 40-50 mmHg, each	CO, CP, CPO, RFO, COF, RFOM
A6539	Gradient compression stocking, waist length, 18-30 mmHg, each	CO, CP, CPO, RFO, COF, RFOM
A6540	Gradient compression stocking, waist length, 30-40 mmHg, each	CO, CP, CPO, RFO, COF, RFOM
A6541	Gradient compression stocking, waist length, 40-50 mmHg, each	CO, CP, CPO, RFO, COF, RFOM
A6542	Gradient compression stocking, custom made	CO, CP, CPO, RFO, COF, RFOM
A6543	Gradient compression stocking, lymphedema	CO, CP, CPO, RFO, COF, RFOM
A6544	Gradient compression stocking, garter belt	CO, CP, CPO, RFO, COF, RFOM
A6549*	Gradient compression stocking, not otherwise specified	CO, CP, CPO, RFO, COF, RFOM
	<u>Trusses</u>	
L8300	Truss, single with standard pad	CO, CP, CPO, RFO, COF, RFOM
L8310	Truss, double with standard pads	CO, CP, CPO, RFO, COF, RFOM
L8320	Truss, addition to standard pad, water pad	CO, CP, CPO, RFO, COF, RFOM
L8330	Truss, addition to standard pad, scrotal pad	CO, CP, CPO, RFO, COF, RFOM
	<u>Prosthetic socks</u>	
L8400	Prosthetic sheath, below knee, each	CP, CPO
L8410	Prosthetic sheath, above knee, each	CP, CPO
L8415	Prosthetic sheath, upper limb, each	CP, CPO
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	CP, CPO
L8420	Prosthetic sock, multiple ply, below knee, each	CP, CPO
L8430	Prosthetic sock, multiple ply, above knee, each	CP, CPO
L8435	Prosthetic sock, multiple ply, upper limb, each	CP, CPO
L8440	Prosthetic shrinker, below knee, each	CP, CPO
L8460	Prosthetic shrinker, above knee, each	CP, CPO
L8465	Prosthetic shrinker, upper limb, each	CP, CPO
L8470	Prosthetic sock, single ply, fitting, below knee, each	CP, CPO
L8480	Prosthetic sock, single ply, fitting, above knee, each	CP, CPO
L8485	Prosthetic sock, single ply, fitting, upper limb, each	CP, CPO
L8499*	Unlisted procedure for miscellaneous prosthetic services	CP, CPO

<u>Code</u>	<u>Description</u>	<u>Required Provider Certification</u>
	External breast prostheses	
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	CMF, RFOM, RFM
L8000	Breast prosthesis, mastectomy bra	CMF, RFOM, RFM
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	CMF, RFOM, RFM
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	CMF, RFOM, RFM
L8010	Breast prosthesis, mastectomy/sleeve	CMF, RFOM, RFM
L8015	Breast prosthesis garment, with mastectomy form, post-mastectomy	CMF, RFOM, RFM
L8020	Breast prosthesis, mastectomy form	CMF, RFOM, RFM
L8030	Breast prosthesis, silicone or equal	CMF, RFOM,RFM
	Ocular prostheses	
V2623*	Prosthetic eye, plastic, custom	BCO
V2624*	Polishing/resurfacing of ocular prosthesis	BCO
V2625	Enlargement of ocular prosthesis	BCO
V2626	Reduction of ocular prosthesis	BCO
V2627*	Scleral cover shell	BCO
V2628	Fabrication and fitting of ocular conformer	BCO

HCPCS codes with an asterisk (*) indicate that the item requires prior approval.

HCPCS codes with a plus sign (+) indicate that the item requires prior approval for recipients ages 21 and older.

BOLD print indicates that the item is covered by Medicare.